



2005-2006 ANNUAL REPORT





NOR-MAN REGIONAL HEALTH AUTHORITY 2005 – 2006 ANNUAL REPORT

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OUR REGION



Covering a large geographical area (72,000 sq. km) and servicing a population of approximately 25,000, the NOR-MAN region consists of a combination of pristine wilderness and rural settings. In addition to the abundance of natural habitats and array of diverse ecosystems, the NOR-MAN region is rich in culture, which truly exemplifies all that is Canadian. The NOR-MAN region is indeed multicultural, welcoming all in the warm fashion that has made our country great!



Climb the Canadian Shield rock formations near Flin Flon, swim in Clearwater Lake (the world's second clearest lake) or paddle the Grass River Corridor like the voyageurs of the fur trade era. The NOR-MAN region is a clean environment that is enjoyed by tourists from around the world with seasonal festivals and diverse recreational opportunities.



The major industries in the NOR-MAN region are mining, forestry, tourism, hydro electricity and government services. With modern healthcare facilities, post-secondary education institutes, libraries, schools (Cree and French immersion education available), and a variety of recreation facilities you will discover a blend of bustling urban districts coupled with peaceful country living. With safer communities, the NOR-MAN region is a smart alternative for both single individuals and families who wish to relocate from all parts of Canada and the world!

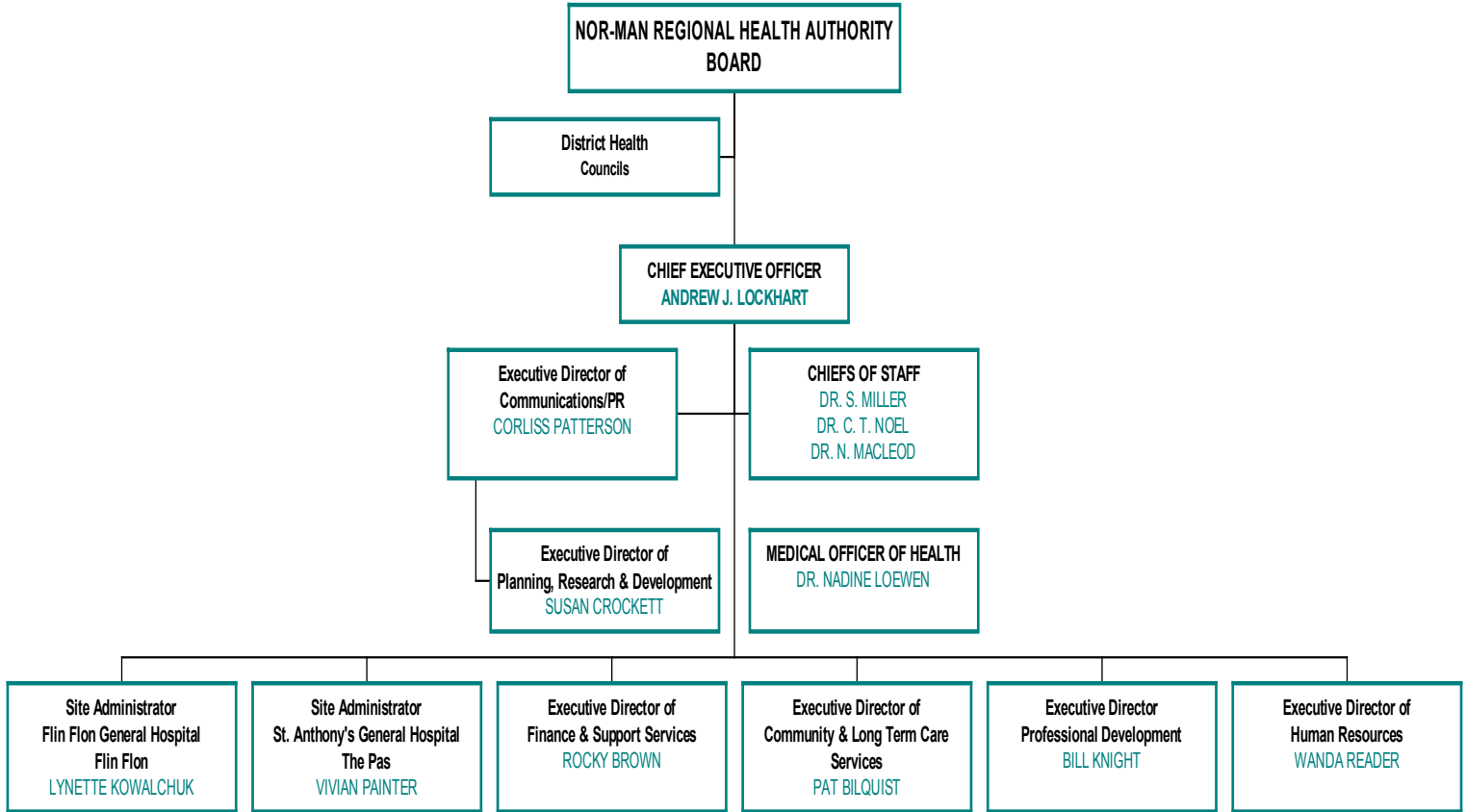
Serving the communities of:

Flin Flon
The Pas/Opaskwayak Cree Nation
Snow Lake
Cranberry Portage
Wanless
RM of Kelsey
Moose Lake/Mosakahiken Cree Nation
Sherridon/Cold Lake
Cormorant
Grand Rapids/Grand Rapids First Nation
Easterville/Chemawawin First Nation
Pukatawagan/Mathias Colomb Cree Nation

Our Mission

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

NOR-MAN REGIONAL HEALTH AUTHORITY
Organizational Chart
September 2006



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

**A Message from Linda Lautamus
Board Chair**



September 2006

The Honourable Theresa Oswald
Minister of Health
Room 302, Legislative Building
Winnipeg, Manitoba
R3C 0V8

Dear Ms. Oswald:

On behalf of the Board of Directors, I have the honour to present the Annual Report for the NOR-MAN Regional Health Authority, for the fiscal year ended March 31, 2006.

This Annual Report was prepared under the Board's direction, in accordance *with The Regional Health Authorities Act* and directions provided by the Minister of Health. All material economic and fiscal implications known as of March 31, 2006 have been considered in preparing the Annual Report.

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

A handwritten signature in cursive script that reads "Linda Lautamus".

Linda Lautamus
Board Chair

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



September 2006

Mrs. Linda Lautamus
Board Chair
NOR-MAN Regional Health Authority

It is with pleasure that I submit the 2005/06 Annual Report for the Board's consideration. Our staff has spent a significant amount of time and resources enhancing our infrastructure, health services and planning for the future and I would like to highlight just a few noteworthy events over the past year.

- **Capital Projects:** A number of capital projects have either been completed (i.e. Flin Flon Dialysis); currently approved for design (Flin Flon Pharmacy); or are under construction (Emergency Medical Services facility and Emergency Room/Special Care Unit Dialysis, The Pas).
- **Energy Audit:** Our Green Team has conducted an energy audit that, with a capital investment would result in a significant decrease in energy costs and reduction of green house emissions.
- **Planning:** Planning efforts of our Regional Alert and Response Team have resulted in a new Incident Command System and a Regional Pandemic Plan.
- **Telehealth:** Our Telehealth program has some of the busiest sites in the province and as a result is planning to expand.
- **Primary Health Care:** The Primary Health Care program continues to evolve as it creates an increased public awareness of the services it provides.
- **Wait Times:** Reasonable wait times in the area of long term care and diagnostic services have been achieved.
- **Risk Management:** The enhanced risk management and quality improvement practices emphasizing patient and staff safety have helped the NOR-MAN Regional Health Authority gain another 3-year accreditation award.
- **Physician Services:** We have had some success recruiting new physicians to the region and will continue to invest in ongoing recruitment and retention efforts.

The above are just a few of the achievements this past year. This Annual Report identifies many more. Staff should be proud of their achievements. Both management and the Board are certainly very proud of our staff and offer them our sincere appreciation.

Sincerely,

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

Andrew Lockhart
Chief Executive Officer

BOARD PROFILES

Linda Lautamus (Board Chair) - Flin Flon

Linda has lived in Flin Flon since 1941, has been married for 51 years and has four children and seven grandchildren. Five years ago, she retired from the Flin Flon General Hospital after working there for thirty years as a LPN. Both her daughter, Lori and her have been part of the Flin Flon Community Choir for the past 10 years and have traveled to New York City to sing at Carnegie Hall. Linda has been in every musical production through the years as both a singer and costume maker. Linda and her family are active in the Salvation Army Church and it is an important part of their lives. She has been a health provider for her Aunt Isabel, who is now 94 years old, over the past 20 years. Linda also is a member of the Quilting Guild since it began in Flin Flon years ago and does volunteer quilting at the Presbyterian Church. As a member of Toastmasters for four years, she has gained confidence in public speaking. She also has learned to do Therapeutic Touch with a group of nurses years ago and continues with that group. Linda loves reading and growing plants and flowers is her passion. Being a “people person”, she has enjoyed being on this RHA Board with this being her final year of her second and last term on the Board.

John Marnock (Vice-Chair) - The Pas

John is The Pas representative and Vice-Chair of the NOR-MAN RHA Board since April 1, 2001. He recently retired as the Chief Administrative Officer with the Town of The Pas. John is also a former Northern District Director with Manitoba Municipal Administrators Association. John is married with three children and three grandchildren.

Val Matheson - Sherridon

Val was born and raised in Winnipeg. In 1991 she moved up to Sherridon with her husband Tim and daughter Angie. Val was Town Administrator for 12 years and during that period served 5 years on the Greenstone Board of Directors. Val has been an active school committee member for numerous years and still remains as one. Val is now retired and her husband and her built a fishing lodge and purchased a hotel in Sherridon 8 years ago. Val is very active in helping her own children reach their goals and does a lot of babysitting and house-sitting while her daughter finishes her university. As this is her daughter's last year of 5 and will graduate in July 2006, Val is uncertain what she will do once this happens. She says with the extra time, she can now devote more time to the business and help her husband look after his 80 year old mother whom now resides with them.

Doris Habermann – Flin Flon

Doris retired in 2001 after 40 years of nursing, 30 years of it in Flin Flon. She is a former Board member of Manitoba College of Licensed Practical Nurses, Manitoba Nurses Union, Flin Flon Crisis Centre and Women's Shelter, Keewatin Community College and the former President of Flin Flon Nurses Union. Doris has served/chaired many committees, i.e. Workplace Health & Safety, Political Action, Education, Governance, Ownership Linkage. She is presently Treasurer of Flin Flon NDP Association, Treasurer for Flin Flon & District Labour Co-Ordinating Committee, regional rep to Congress of Union Retirees of Canada (CURC) and a Volunteer on Manitoba Safe Workers of Tomorrow Education team. Doris is very active on committees dealing with women's issues and people living with disabilities and is committed to life-long learning.

Dan Davie – Wanless

Dan retired after thirty-two years of being self-employed in the tourism and food service industries in northern Manitoba. He entered into municipal politics in 1995 and still continues today. He is President of the Community Development Corporation, Vice-Chair of Kelsey Conservation District, Director for Manitoba Conservation District Association, Secretary-Treasurer of Cedar Lake Community Futures, Director of Community Futures Partners in Manitoba, Director of The Pas & Area Recycling Center, 1st Vice-President for the Norman Regional Development Corporation, Co-Chair for Highway 283 Task Force which links Northern Manitoba to Western Canada and Director for the Hudson Bay Route Association.

Joan Niquanicappo – Opaskawayak Cree Nation

Joan Niquanicappo has been involved in the health field for the past eleven years. Prior to assuming the Non-Insured Health Benefits (NIHB) Administrator position with the Opaskawayak Health Authority, Ms. Niquanicappo was the Mental Health Director for the Opaskawayak Cree Nation (OCN). She was instrumental in bringing the NIHB program as a pilot to OCN. Joan's husband Robbie hails from Whapmagoostui, Quebec. While living there, Joan held the positions of Director of Administration and Director of Band Operations with the Whapmagoostui First Nation in northern Quebec. She has also been involved at the national and provincial levels in the area of Aboriginal Health. Joan, Robbie and their four sons reside at Opaskawayak Cree Nation, Manitoba.

Marc Jackson – Snow Lake

Marc has lived his entire life in Northern Manitoba and has been employed for the past thirty years in the maintenance department at J.H. Kerr School. He has been a Councilor for The Town of Snow Lake for a number of terms (1983–1992, 2001-present). Marc has also served on the local Hospital Board (prior to regionalization), Library Board (Present Chairperson), Airport Development Committee, and Youth Justice Committee. He is a Past President of the Snow Lake Canada Day Committee, and served a three-year term as the Secretary on the Board of Directors for the Northern Manitoba Regional Development Corporation. He is a former President of USW Local # 8262, a current Unit Chairperson for USW Local # 7106. For the past ten years he has written, edited, and published a free, independent, monthly, web based newspaper, *The Underground Press*. He does freelance news and human-interest stories, as well as writes a weekly column for the *Flin Flon Reminder*, and also does stories for a bi-monthly magazine titled *Cottage North*. He recently co-authored a book titled *From Gold Showing to Gold Flowing, The Nor-Acme Gold Mine Story*.

Doug Lauvstad – The Pas

Doug is currently the Executive Director, The Pas Campus at the University College of the North. During his 19 years at the University College (formerly Keewatin Community College) he has held a number of senior management and administrative positions, notably in marketing and communications. He is also a member of The Premier's Economic Advisory Council, The Pas Economic Development Commission and the NOR-MAN Regional Health Authority Board of Directors. Born and raised in The Pas, Doug has a keen interest in northern economic and social issues. He has an MBA from Athabasca University (2002).

Marion Pearson – Cranberry Portage

Marion has been involved in local, area and division-wide activities for many years. She was born in Birch River and attended school in Churchill and Winnipeg. She has lived in Cranberry Portage for many years. Marion has a son & daughter, both of whom are now working following post-secondary training. Marion has volunteered for numerous organizations including: Cranberry Portage Ambulance, Red Cross, Grace Church Board, Cranberry Portage School Committee (Chair, Secretary & Treasurer), Area Advisory Committee (Frontier School Division), Trustee for Frontier School Division (Vice-Chair), Nikanihk Ochi Foundation, Inc. (Chairperson) and B.U.N.T.E.P. (Brandon University Northern Teacher Education Program) Advisory Committee; received 1999 Meritorious Award.

Stella Neff - Grand Rapids

Stella is a retired educator, having worked in many areas of education which included, English Language Enrichment Consultant, Principal, Cree Language Co-ordinator, classroom teacher at most levels. Stella also worked as Student Co-ordinator for the PENT Program at Brandon University. She is presently the Chair for the Council of Elders, University College of the North. Stella has served on many committees and Boards which include, The Indian and Metis Friendship Center, Association for Community Living, Chair for Fetal Alcohol Syndrome Steering Committee, Parkland Mental Health Council and Manitoba Teachers Society Equality in Education Committee.

Jim Tobacco – Moose Lake

Jim was born in The Pas and spent his early years in Moose Lake before attending Residential School. Later in life, Jim attended the University of Manitoba where he received his Bachelor of Arts degree. He is married, a father and a grandfather. He is a member of the Mosakahiken Cree Nation. For most of his life, Jim has been involved in the development of his community serving in the capacity of Chief for many years and is presently serving a two-year term as Band Councillor. Jim relaxes listening to music, working in his yard and spending time with his family.

Marg Britton – Flin Flon, SK

Marg recently retired from a long career in teaching and counselling, and has a Master's Degree in Education. She has been an Executive member of the Flin Flon Teacher's Association; worked for several years delivering wellness workshops throughout Manitoba for the Manitoba Teacher's Society; worked on the Restoring Balance Committee for the Flin Flon Indian/Metis Friendship Society; co-founded the Flin Flon Sound Print Library; and has been a Chairperson for the Flin Flon/Creighton Crisis Centre. Marg was an active member of the Creighton Health Committee, overseeing data collection for the Community Health Action Plan in 2002/03. She presently sits on the District Health Committee, recently established by the Mamawetan-Churchill River District Health Board, to bring forth health issues and concerns for residents of the Creighton, Denare Beach and South Hudson areas.

DISTRICT HEALTH COUNCIL MEMBERSHIP

Flin Flon

Laurel Mackie
Dawn Labine
Charleen Logan
Brenda Russell
Joann Skeavington
Jillian Betke
Colleen Arnold

The Pas/OCN

Kim Gurba
Hazel Hyde
Audrey Maksymchuk
Lynn McKinnon
Albert Melnick
Cindy Nordick
Gladys Thorne

Easterville

Ethel McKay
Diane Constant
Sherri Packo

Cormorant/Moose Lake

Doreen Wishart



Snow Lake

Maxine Dodds
Gail Dupont
Margie Fey
Randy Huff
Wanda Huff
John Homeniuk
Betty Rudd
Judy Steeves
Sharon Stubbs

**Cranberry Portage /
Sherridon**

Bernice Hay
Jeanette Brightnose
Sheila Brightnose
Melvina Dysart
June Haybittle
Elise Morin
Dolores Samatte

Grand Rapids

Randy Huff
Arnold Ballantyne
Marlene Letkeman-Holst
Don Letkeman-Holst
Connie Young



DISTRICT HEALTH COUNCILS

The NOR-MAN Regional Health Authority has seven active District Health Councils (DHC) in the region. They continue to play an important link between the communities they represent and the NRHA Board and staff. The purpose of the District Health Council is to:

- Advise and assist the Board of the NRHA on community health issues and concerns,
- Actively participate in local health initiatives; and
- Be a liaison between their community and the NRHA.

District Health Councils meet monthly from September to June and consists of community members who are appointed by the NRHA Board of Directors. Each DHC is assigned a staff liaison and a NRHA Board representative. Senior Management also attends each DHC a minimum of once per year. We also endeavor to hold a DHC/ Board retreat annually. Unfortunately the one planned for the fall of 2005 was cancelled to lack of attendance from the DHC Members.

Our District Health Councils have been active in the community health assessment process in the region. They have also initiated a number of health promotion/ education events based on community priority areas. Each District Health Council receives \$750 to use towards their planned activities. The following outlines current District Health Council membership and their accomplishments this past year:

- **Flin Flon** – 7 members, hosted a Community Fun Health Fair, sponsored the First Night Out Celebration, Christmas at the Zoo, Body mind and Soul Women’s conference, International Women’s Day, TV Turn-Off Skating Party, and Bad Gut Lecture series
- **Cranberry Portage** - 7 members, hosted a Nutrition Bingo and Skate with Santa.
- **Snow Lake** – 9 members, planned and hosted a Family Magic Show, Winter Funfest and Bicycle Safety Rodeo.
- **Easterville** – 3 members, hosted a Walking Poker Derby, Essay/ Drawing contest, Fishing Derby and Cultural Camp
- **Grand Rapids** – 5 members, hosted a Walking Poker Derby, Essay/ Drawing contest, Fishing Derby and Cultural Camp
- **The Pas** – 7 members, hosted a “Bad Gut” series, supported and participated in a Women’s Health Conference and the Congregate Meal program, developed and distributed a health services directory

Discussion has been underway with community members in Cormorant, Sherridon and Moose Lake regarding starting a District Health Council. There is interest in both Sherridon and Cormorant and recruitment is underway. In Moose Lake, there is a Healthy Community group in existence and RHA staff participates in these meetings.

What Will We Focus on in the Future...

- Ongoing recruitment of new members.
- Continue to dialogue with communities without a DHC to gauge community interest in forming a DHC.
- The DHCs will be hosting a series of “Community “Report Back” forums to highlight the results from the 2004 NRHA Community Health Assessment Report.
- Continue to advise and assist the Board and the NRHA on community health issues and concerns.
- Develop an annual priority plan to set priorities and guide operations.
- Retreat being held in the September 2006 “Engaging Communities – Just for the Health of It.”

MISSION

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

NOR-MAN RHA Board of Directors

Linda Lautamus, *Chair (Flin Flon)*

Marg Britton (*Creighton*)

Shirley Castel (*Pukatawagan*)

Dan Davie (*Wanless*)

Doris Habermann (*Flin Flon*)

Marc Jackson (*Snow Lake*)

Doug Lauvstad (*The Pas*)

John Marnock (*The Pas*)

Val Matheson (*Sherridon*)

Stella Neff (*Grand Rapids*)

Joan Niquanicappo (*OCN*)

Marion Pearson (*Cranberry Portage*)

Jim Tobacco (*Moose Lake*)

VALUES

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

Board Ends & Strategic Priorities

The NRHA Board of Directors has set out 4 Board Ends and related Strategic Priorities for the NRHA:

HEALTHY COMMUNITIES

- ❖ *Increased public awareness of health care services.*
- ❖ *Increased resident involvement in activities that promote healthy lifestyles & personal well-being.*
- ❖ *Increased awareness of illness caused by physical environmental factors.*
- ❖ *Increased culture of trust, cooperation and strong partnerships with Aboriginal groups, community agencies & other jurisdictions responsible for health.*
- ❖ *Increased understanding of regional health needs.*

OPTIMAL ACCESS TO SERVICES

- ❖ *Increased on-site resources in our outlying communities.*
- ❖ *Improved access to service through primary health care.*
- ❖ *Increased knowledge of Primary Health Care.*
- ❖ *Increased specialty services and programs based on demonstrated need & cost effectiveness.*
- ❖ *Maintenance & improvement to our infrastructure.*
- ❖ *Increased use of technology.*
- ❖ *Increased awareness NPTP.*
- ❖ *Reduced jurisdictional barriers to improve access to services*

HEALTHY PEOPLE

- ❖ *Decreased incidence & prevalence of chronic illnesses (including but not limited to Diabetes, tobacco-related illness, Cancer, Cardiovascular, Renal).*
- ❖ *Increased awareness of Mental Health and Co-occurring Disorders initiative (CODI) and expansion of services accordingly.*
- ❖ *Reduced incidence of suicides.*
- ❖ *Decreased incidence & prevalence of addictive practices and behaviors.*
- ❖ *Improved infant/ child/ youth health & promotion of healthy lifestyles.*
- ❖ *Reduced incidence of injuries & poisonings.*
- ❖ *Improved women’s health & promotion of healthy lifestyles.*
- ❖ *Improved men’s health & promotion of healthy lifestyles.*
- ❖ *Improved senior’s health & promotion of healthy lifestyles.*
- ❖ *Improved Aboriginal health & promotion of healthy lifestyles.*
- ❖ *Improved staff health & promotion of healthy lifestyles.*

EXCELLENCE IN PATIENT SAFETY & QUALITY OF CARE

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

BOARD FOCUS

- **Strategic Plan 2006-11** –The Board’s submitted their 2006-11 Strategic Plan to Manitoba Health in June 2005. The Strategic Plan is based on the issues/needs identified through our comprehensive Community Health Assessment (CHA) completed in September 2004. Based on the results of the Community Health Assessment, the NRHA Board of Directors revisited their 4 Board Ends and developed 28 Strategic Priorities to guide planning for the upcoming years.
- **Board Ends** – While revisiting their Ends Statements, the Board developed a new End Statement “Excellence in Patient Safety & Quality of Care” which focuses on our commitment to patient safety and continuous quality improvement.
- **Governance Model Review** – After extensive review of other governance models, Board recommitted to the current Policy Governance model.
- **Accreditation** - We successfully completed our third Accreditation from CCHSA since regionalization. The Accreditation Survey took place May 15-19th, 2005. We received “Accreditation with Condition” with 22 recommendations, of which two require a report by July 31, 2006.
- **Leadership and Partnerships Team** – Drafted Quality Improvement Plan to identify issues and track progress/status on the CCHSA recommendations.
- **Board Self-Evaluation** - The Board conducts an annual self-evaluation which is used to identify areas and strategies to improve Board performance.
- **Board Policy Review** – The Board reviews and revises select Board policies at each regular meeting. A schedule has been developed to ensure a regular review process.
- **District Health Councils** – The Board appoints a Board liaison on each DHC to ensure a strong linkage to our communities.
- **Staff Relations** – Board members participate in Staff Recognition Awards, Staff Christmas Luncheons and other Employee Wellness events.
- **Volunteers** – Board recognizes the significant contribution of volunteers each year at the annual community Volunteer Teas.

What Will We Focus on in the Future...

- **Partnerships & Linkages** – Continue to establish partnerships / intersectoral working groups where possible to work on issues of common concern.
- **Community Health Assessment** – Ensure ongoing community health assessment and community consultation occurs through “Report Back” forums in each community.
- **Patient Safety** – Continue to focus on patient safety.
- **Northern Human Resources** – Continue to invest in the development of Northern Human Resources strategy to recruit and retain staff.
- **Board Education** – As part of its Continuous Quality Improvement activities, the Planning & Program Committee of the Board will plan ongoing educational sessions as part of the Board meetings.
- **Accreditation** – Continue to work on the recommendations from CCHSA by implementing the Leadership & Partnerships Quality Improvement Plan.
- **District Health Councils** – Continue to support the work of DHCs and participate in the retreat scheduled for Fall 2006.
- **Internal Audit Report** – Review Manitoba Government Internal Audit & Consulting Services report and address recommendations from the report.



BOARD ENDS STATEMENTS

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

To achieve this Mission a focus on wellness is critical. The Board developed 4 Ends Statements to meet our Mission as follows:

HEALTHY COMMUNITIES

This Board End speaks to the collective responsibility for health and the need to increase public awareness of available health care services. It also recognizes that in order to improve the health of our people and our communities, we have a collective responsibility for improving health and we can achieve improvements by working in partnership with our community partners.

Some of our accomplishments include.....

We strive to keep residents of the NOR-MAN Region informed about their health system and health and wellness opportunities. As such, the NRHA remains committed to an effective communications strategy designed to reach its key audience – residents of the NOR-MAN Region.

- **Web-site** – NRHA has a very comprehensive web-site that includes information on the NRHA and the communities we serve, our services, publications, career opportunities and health links. It can be viewed at www.norman-rha.mb.ca and we welcome comments.
- **Staff Newsletter** – Staff contribute articles with regard to what is happening in their service areas which includes health promotion/education activities. The “Pulse” is published monthly and is well received by staff and Board.
- **Community Health Scene** - Published bi-annually and distributed to every household.
- **Resource Orientation Manual** – Is a key resource for new physicians and staff in the community.
- **Board Meetings** - Open to the public and Annual General Meetings are held in a different community each year.
- **District Health Councils** - Our District Health Councils meet monthly and continue to be an important link to our communities (see page 9).
- **Partnerships & Linkages** - We received close to \$400,000 in grants in the past fiscal year to undertake a number of health promotion initiatives throughout the region. We are partnering with University College of the North in the Northern Aboriginal Midwifery Education Program. This program is welcome news, as it will greatly assist in expanding the midwifery program in the north.





- **Resident/Staff Involvement** – We continue to support staff participation in many community based, healthy community initiatives throughout the region ie. food banks, recycling, active living, homeless project, etc.
- **Energy Audit** – Our Green Team initiated a region-wide Energy Audit. The feasibility study identified a potential of 15.4% savings in energy cost as well as a reduction of 670 tonnes of green house gas emissions annually. The capital cost of the project was estimated at \$1.9 million with a return in investment in approximately 12.4 years. We are currently working on a contract for approval by MB Health.

What Will We Focus on in the Future...

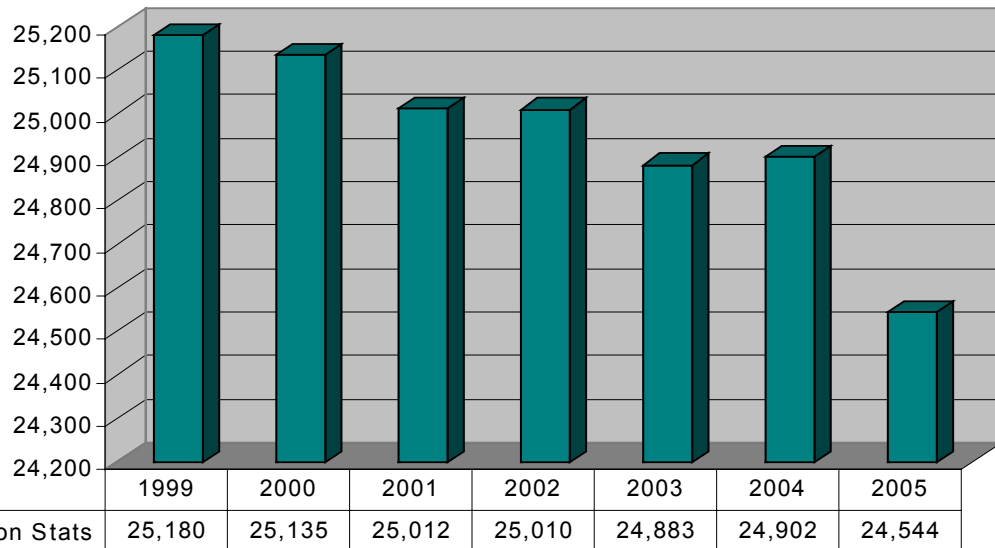
- **Primary Health Care** – Continue to promote and increase awareness of Primary Health Care program and services.
- **Community Health Assessment** – Schedule community forums jointly with District Health Councils to look at future priorities from a community perspective.
- **Partnerships & Linkages** - Continue to meet with municipalities to keep them updated on RHA activities.
- **Resident/Staff Involvement** - Continue to support staff participation in community-based healthy community initiatives in our region
- **Energy Audit** – Finalize the contract with Manitoba Health and proceed with implementation of Energy Audit recommendations.
- **Grant Applications** – Continue to seek opportunities to apply for external grants for community health promotion initiatives.

Population Trends

Community	1999	2000	2001	2002	2003	2004	2005
Flin Flon	6746	6695	6650	6480	6416	6369	6280
Grand Rapids	700	711	680	685	659	696	686
RM of Kelsey	2375	2345	2477	2652	2801	2947	3025
Snow Lake	1343	1285	1239	1265	1264	1171	1025
The Pas	7926	7909	7809	7783	7668	7619	7499
Chemawawin First Nation	548	562	573	585	599	600	608
Grand Rapids First Nation	393	384	372	379	384	371	379
Mathias Colomb Cree Nation	1098	1145	1160	1242	1224	1241	1219
Mosakahiken Cree Nation	351	361	366	383	380	382	389
Opaskwayak Cree Nation	1490	1532	1412	1247	1117	1080	1001
Unorganized Territories	2210	2206	2274	2309	2371	2426	2433
Totals	25,180	25,135	25,012	25,010	24,883	24,902	24,544

NOR-MAN RHA Population Trends
 Source: Manitoba Health, Health Information Services

NOR-MAN Population Trends



NOR-MAN RHA Population Trends
 Source: Manitoba Health, Health Information Services

NOR-MAN RHA Selected Population Highlights as of June 1, 2005:

- Under 15 Males = 3309
- Under 15 Females = 3120
- 15 – 64 Males = 8178
- 15 – 64 Females = 7914
- 65+ Males = 934
- 65+ Females = 1089

*NOR-MAN Regional Health Authority
 is currently home to 2.1% of the
 Manitoba population*



Saskatchewan Population Review:

The NOR-MAN Regional Health Authority provides various health care services to a portion of the Mamawetan Churchill River Health Authority residents.

- 21,771 people live in the Mamawetan Churchill River Health Authority region
- 8,139 residents have the potential to access services from the NOR-MAN Regional Health Authority

	2003	2004	2005
Flin Flon, Saskatchewan	319	322	305
Creighton	1758	1810	1768
Denare Beach	746	755	773
Peter Ballantyne Cree Nation	2356	2288	2249
Pelican Narrows	1500	1665	1741
Sandy Bay	1102	1216	1253
Sturgeon Landing	48	50	50
Totals	7829	8106	8139

Title: 2003, 2004 & 2005 Covered Populations
 Source: Saskatchewan Health

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.

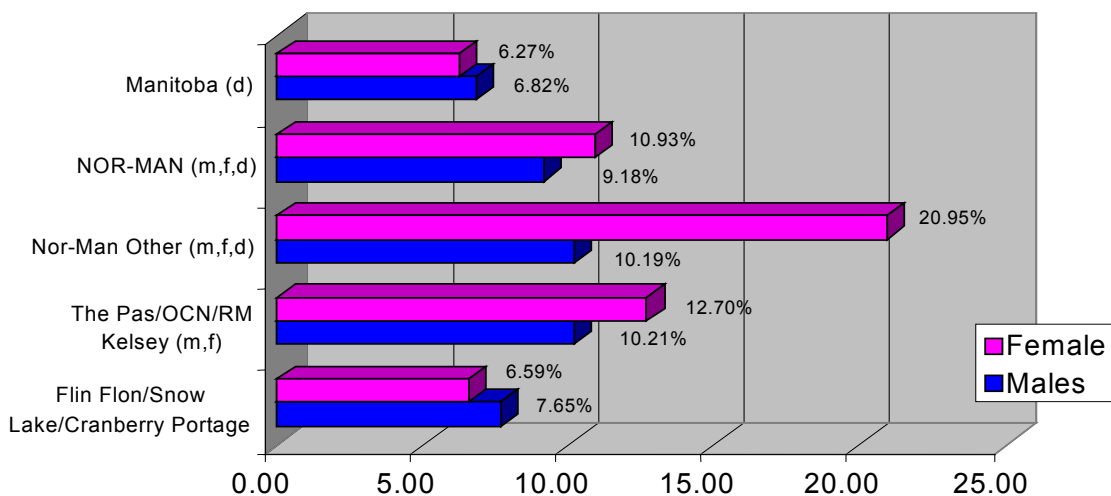
Some of our accomplishments include.....

- **Performance Deliverables** - We continue to work and focus on the following Performance Deliverables: Aboriginal Health, Injury Prevention, Diabetes, Co-Occurring Disorders Initiative (CODI), Immunization, Breastfeeding, STD’s and Primary Health Care.
- **Health Promotion** - We continue to place a strong focus on health promotion initiatives such as Tobacco Tackle Teams, P.A.R.T.Y. (Preventing Alcohol Related Trauma in Youth Program), Healthy Active Living Initiative, Healthy Communities, Healthy Schools, In Motion, Families First, Stop FAS/D, etc.
- **Chronic Disease Prevention** - Work is currently underway in consultation with NRHA communities to identify and implement chronic disease prevention initiatives. We have developed a regional Steering Committee to work with communities to develop 5-year plans on initiatives that address the three risk factors of unhealthy eating, physical inactivity and smoking.
- **Tobacco Reduction Program** – Phase 2 of Smoke Free Grounds for Visitors being developed. Staff peer support for cessation offered through Workplace Wellness Committee.



- **HIV/AIDS Strategy** – Funding for Phase 2 of “Play it Safer” project received and Project Coordinator’s goal is to continue to raise awareness and provide resources for prevention and support to those living with HIV/Aids and Hep C.
- **Co-Occurring Disorders Initiative (CODI)** - Mental Health and Addictions staff have been working closely with the other northern RHA’s on the Co-occurring Disorders Initiative. Implementation plans to improve access to services and treatment for NRHA residents with co-occurring mental health and substance use disorders are well underway.
- **Families First** – A change was made where late entries could be enrolled which has increased the number of clients seeking this service.
- **Breastfeeding** - The hard work of the Breastfeeding Committees appears to be paying off. Overall the percentage of mothers initiating breastfeeding continues to improve each year, as do the number of mothers breastfeeding at 4 months.
- **Cervical Screening** - Over the past several years, there has been increased promotion on the importance of cervical screening. A number of initiatives have been undertaken including the introduction of women’s wellness clinics and cervical cancer screening at the Primary Health Care Centres in The Pas and Flin Flon. Services have now been expanded to Cormorant, Cranberry Portage, and Sherridon.
- **Breast Screening** – The Manitoba Mobile Breast Screening Program has had a significant impact on our breast screening rates with 57% of women between 50 – 69 years of age having had a mammogram in the last 2 years.
- **Workplace Wellness & Staff Health** – HR Sub-committee in process of developing a Respectful Workplace program which is targeted for Fall 2006.

**Diabetes Treatment Prevalence by NRHA District
2001/02 - 2003/04**



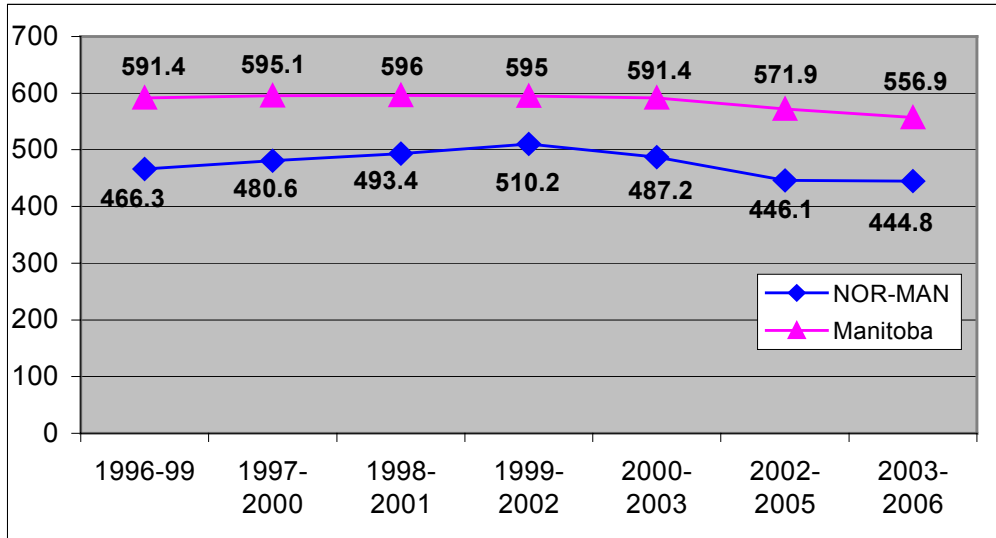
Legend Key:

- 'm' indicates area's rate for males was statistically different from Manitoba average for males
- 'f' indicates area's rate for females was statistically different from Manitoba average for females
- 'd' indicates difference between male and female rate was statistically significant for that area

Source: Manitoba Centre for Health Policy

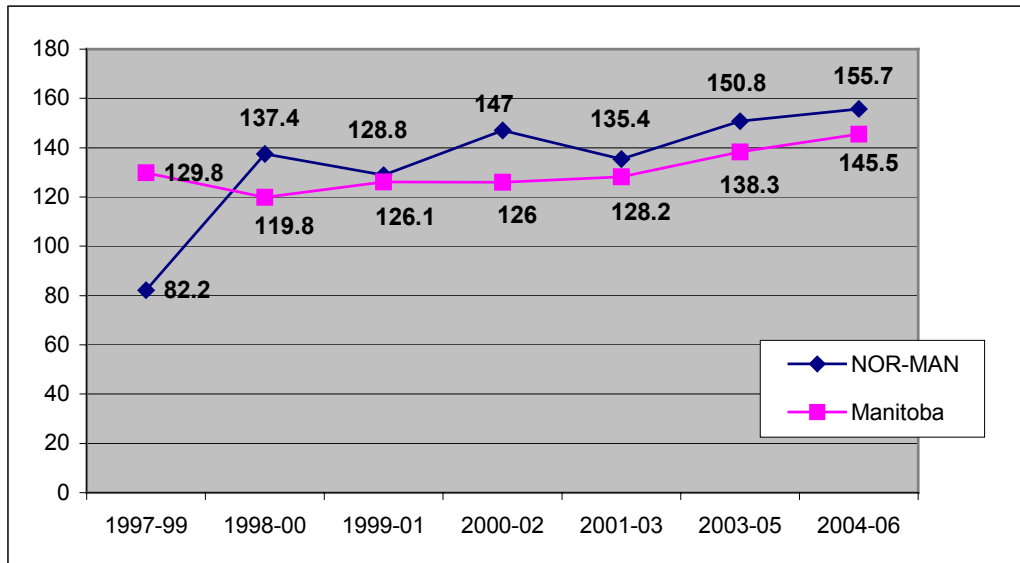


Cervical Screening Rates (per 1000 discrete patients)



Source: MB Health Decision Support Services

Mammography Screening Rates (per 1000 discrete patients)



Source: MB Health Decision Support Services

Mobile Breast Screening Rates

Community	1999	2000	2001	2002	2003	2004	2005
Flin Flon	72%	69%	72%	73%	61%	62%	66%
Channing	63%	56%	50%	50%	36%	25%	46%
Cormorant	58%	69%	50%	46%	32%	50%	54%
Cranberry	71%	71%	73%	61%	52%	46%	50%
Sherridon	25%	38%	33%	33%	17%	46%	33%
Snow Lake	74%	78%	73%	77%	55%	59%	58%
Wanless	50%	65%	44%	50%	44%	58%	65%
The Pas	64%	66%	60%	63%	60%	60%	54%
Moose Lake	71%	70%	75%	70%	46%	63%	50%
Easterville	63%	58%	54%	58%	42%	52%	53%
Grand Rapids	70%	71%	52%	58%	40%	44%	44%
Pukatawagan			81%	68%	35%	48%	43%
Regional Total	67%	68%	65%	67%	57%	58%	57%

Source: Manitoba Breast Screening Program (MBSP)

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

% Mothers Initiating And Maintaining Breastfeeding For 4 Or More Months Audit Of Client Files (1st 6 Months Of Each Year)

Community	Year	Total # of births	% Initiating breastfeeding	% breastfeeding at 4 months	Of those initiating, % breastfeeding at 4 months
Flin Flon	2002	36	30 (83%)	12 (37%)	40%
	2003	32	26 (81%)	17 (53%)	47%
	2004	33	13 (40%)	11 (33%)	84%
	2005	33	27 (82%)	16 (48.5%)	59%
The Pas	2002	58	31 (53%)	17 (29%)	55%
	2003	50	27 (54%)	20 (42%)	74%
	2004	69	54 (78%)	30 (43%)	55%
	2005	52	44 (85%)	27 (64%)	61%
Snow Lake	2002	11	8 (73%)	5 (20%)	62%
	2003	11	10 (91%)	5 (27%)	30%
	2004	10	8 (89%)	2 (22%)	29%
	2005	4	3 (75%)	1 (25%)	33%
Sherridon	2002	1	0 (0%)	0 (0%)	0%
	2003	1	1 (100%)	1 (100%)	100%
	2004	1	1 (100%)	0 (0%)	0%
	2005	2	Unknown		
Cranberry Portage	2002	2	2 (100%)	0 (0%)	0%
	2003	10	8 (80%)	7 (70%)	88%
	2004	6	6 (100%)	5 (83%)	83%
	2005	3	1 (33%)	1 (33%)	100%
Cormorant	2002	9	5 (58%)	2 (22%)	40%
	2003	4	3 (74%)	2 (50%)	67%
	2004	6	2 (66%)	0 (0%)	0%
	2005	8	8 (100%)	1 (12.5%)	12.5%
Totals for 2005		85	71 (83.5%)	43 (50.5%)	60.6%

Source: NRHA

Data from Statistics Canada (1996-97) reported that 31.9% of Canadians and 31.9% of Manitobans breastfed for at least 3 months. For the period of 1996-2000, the initiation rate for MB was 79.67% while for NRHA it was 63.71%. Overall the percentage of mothers initiating breastfeeding continues to improve each year, as do the number of mothers breastfeeding at 4 months.

What Will We Focus on in the Future....

- **Chronic Disease Prevention** – Continue to work in consultation with communities to identify and implement chronic disease prevention initiatives.
- **Healthy Active Living Initiative** – Continue with the development of the healthy active living initiative and the In Motion strategy in partnership with education and recreation sectors.
- **Regional Diabetes Strategy** – Continue implementation of Regional Diabetes Program based on Manitoba Health's Regional Diabetes Program Framework and initiate the Risk Factor and Complication Assessment.
- **Retinal Screening** – Work in partnership with the Misericordia Eye Care Centre on the establishment of the Manitoba Retinal Screening Vision Program. A regional Eye Care Outreach Nurse will be trained to provide basic ocular assessments for selected clients using ophthalmic photography.
- **Tobacco Reduction Program** – One of the priorities of the Workplace Wellness Committee is to continue to assist staff to become smoke-free.
- **Mental Health/Addictions** – Continue to work on the Co-Occurring Disorders Initiative to improve access to services and treatment for our residents.
- **Suicide Prevention** – Continue to develop and implement strategies focusing on reducing incidence of suicide in partnership with other community stakeholders.
- **Healthy Child Initiatives** – Continue to support and maintain such programs as Families First, Stop FAS, Regional Breastfeeding, Healthy Smile Happy Baby initiatives and Immunizations in order to promote healthy child development.
- **Healthy Schools** – Continue to work with schools in the region to promote/educate on topics relating to child/youth health and to promote the Healthy Schools initiative.
- **Injury Prevention** – Continue to promote P.A.R.T.Y. program and develop and pilot the Injury Surveillance Tracking tool.
- **Well Women Clinics** – Continue to offer Well Women Clinics in NOR-MAN communities.
- **Screening** – Continue to promote importance of early prevention initiatives ie. Mammography, Cervical & Prostate Screening.
- **Aboriginal Health** - Continue to develop and implement activities that promote healthy lifestyles.
- **Seniors' Health** – Continue to develop and implement activities that promote seniors' health. Explore opportunities for supportive housing options for seniors.
- **Staff Health** – Increase percentage of direct service staff receiving annual flu shots and ensure all employees are being included in the count.

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.

Some of our accomplishments include....

- **Primary Health Care** – The PHC Transition 3-year funding project is now complete with our Primary Health Care model in place and functioning. The NRHA community health programs have been reorganized into four client-centered teams with the goal of progressively providing care across the life-span of everyone in our region. The four Teams are: Senior's, Men's, Women's and Infant/Child/Youth. Our Primary Health Care centres are an alternative point of entry for our residents and can be accessed in a variety of ways – phoning ahead, booking appointments or walking in. Referrals are not required. In order to improve access to services we have expanded hours of operation and are now open over the lunch hour.
- **Itinerant Services** – NRHA offers a number of itinerant clinics in the region including Orthotics, Psycho Geriatrics, Child Psychiatry, Adult Psychiatry, Mobile Breast Screening Program, Neurology and Endoscopy. These clinics have realized cost savings for our NPTP budget as well as providing the opportunity for residents to access services locally which in the past they would have had to travel.
- **Telehealth** - Our Telehealth sites in Flin Flon and The Pas continue to be among the busiest in the province. Snow Lake Telehealth site became operational in May 2005, which was welcome news for the community and plans for expansion to Pukatawagan are being finalized. The primary clinical areas for Telehealth usage are surgical consultations, dermatology, oncology and mental health.
- **CT Scan** - The CT Scan (opened at St. Anthony's Hospital in October 2003) has improved access to diagnostic procedures in the region. CT has been the top Diagnostic procedure for NPTP travel in NRHA for the past several years. Of note, the CT scanner in The Pas has had a significant impact on NPTP referrals and we have observed a significant reduction in the number of NPTP referrals. CT utilization in 2005-06 was 2502. We are averaging 209 scans a month with a wait time of 2 weeks.
- **Dialysis** – Completed construction of our new Dialysis department in Flin Flon which increased our Dialysis Units from 2 to 4 stations.
- **Wait Times** - The NRHA has been tracking all wait times in accordance with the directive from Manitoba Health. In the areas of Mental Health, Diabetes Education Resource (DER), Diagnostics and Long Term Care, our wait times are considered good and either meeting or exceeding the MB Standards.





Telehealth Network Utilization Rates (2005-06)

Session Type	Flin Flon		The Pas		Snow Lake		MB	
	#	%	#	%	#	%	#	%
Clinical	138	28%	235	36%	16	15%	3149	64%
Education	127	26%	201	31%	9	8%	750	15%
Administration	226	46%	217	33%	77	71%	843	17%
Other	5	0%	2	0%	6	6%	156	4%
Total	496		655		108		4898	
2004-05	504		572		0		4369	
2003-04	340		431		0		3724	
2002-03	223		229		0			

Number (#) and Percentage (%) of Tele Health sessions by category by site
 Source: MB Telehealth

CT Examinations Utilization by Category

Month	In-Patients	Emergency	Referred In	Total
April	11	8	134	153
May	16	9	204	229
June	9	11	166	186
July	11	9	175	195
August	8	14	160	182
September	21	5	142	168
October	8	5	233	246
November	23	10	191	224
December	21	7	147	175
January	13	5	226	244
February	17	4	225	246
March	11	8	235	254
Totals	169 (7%)	95 (4%)	2238 (89%)	2502

and % of CT Examinations by Category by Month (In-Patients, Emergency, Referrals)
 Source: Diagnostic Imaging, NRHA

Average Wait Times and/or Wait Lists for Specific Programs

Program Area		Wait Time
Physiotherapy (The Pas)	Priority	8 weeks
	Non-Urgent	9 weeks
Physiotherapy (Flin Flon)	Priority	0
	Non-Urgent	0
Audiology		Service not available in region. Presently training an Audiometric Technician – see notes on next page.
Speech Language Pathology		1 month
DER	The Pas	1 week
	Flin Flon	2 weeks or less
	Snow Lake	6 weeks or less
	Outlying Communities	6 weeks or less
Mental Health		No wait list
Rosaire House		74 on wait list; 8 week wait time
Home Care		4 on waitlist in The Pas
CT Scan – The Pas		2 weeks (MB = 15 weeks)
Ultrasound	The Pas	2 weeks (MB = 11 weeks)
Ultrasound	Flin Flon	3 weeks
X-Ray	The Pas	Same Day
	Flin Flon	Up to 1 week for non-Urgent
Long Term Care	The Pas	2 people
	Flin Flon	4 people
	Snow Lake	0 people

Source: NRHA Responsiveness Scorecard June 2006

What Will We Focus on in the Future...

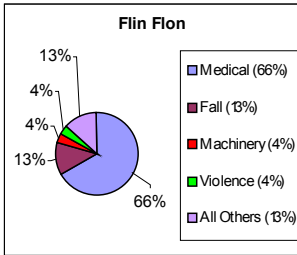
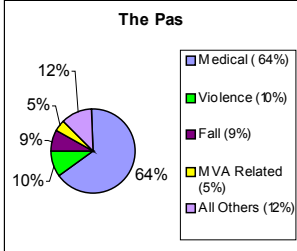
- **Primary Health Care** - Finalize the establishment of a PHC database to record all encounters with Primary Health Care services and the transitioning of all community services into a comprehensive integrated health record. Implementation of Comprehensive Assessment Referral & Entry System (C.A.R.E.S.) will be formalized.
- **Itinerant Services** – Continue to work with outlying communities to identify and offer needed onsite / itinerant services and resources ie provision of physician services to outlying communities. Continue to focus on provincial initiatives such as Supportive Housing Options for seniors, Manitoba Retinal Screening Vision Program, MB Mobile Mammography Screening, Healthy Smiles/ Healthy Child Initiative and the Chronic Disease Prevention Initiatives.
- **Dialysis** – Expansion of dialysis stations in The Pas from 4 to 10 stations.
- **NPTP** – Continue to explore options to contain costs.
- **Midwifery** - Continue to work collaboratively with the University College of the North in the establishment and implementation of an Aboriginal Midwifery Education Program (AMEP).
- **Telehealth** – Conduct needs assessment and develop a multi-year program plan for Telehealth services including integration and expansion to Primary Health Care sites.
- **Telephone Triage** – Implementation of telephone triage system which encourages residents to call Health Links/Info Sante for non-emergent telephone advice.
- **Wait Times** – Endeavor to keep wait times within Manitoba Health standards or ultimately continue to exceed the standard as we do with CT Scans.



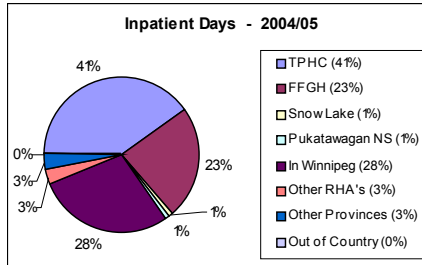
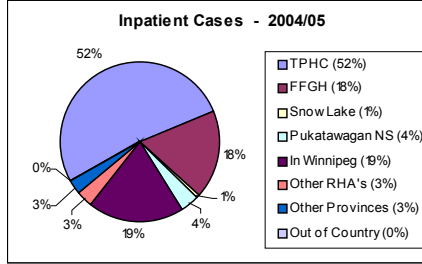
NRHA RESPONSIVENESS STATISTICS

June 2006

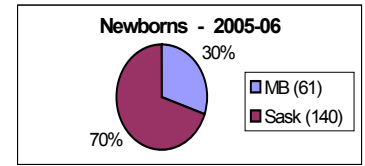
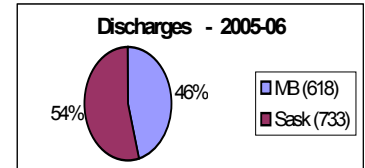
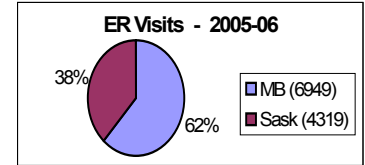
WHAT EMS RESPONDED TO IN 2005?



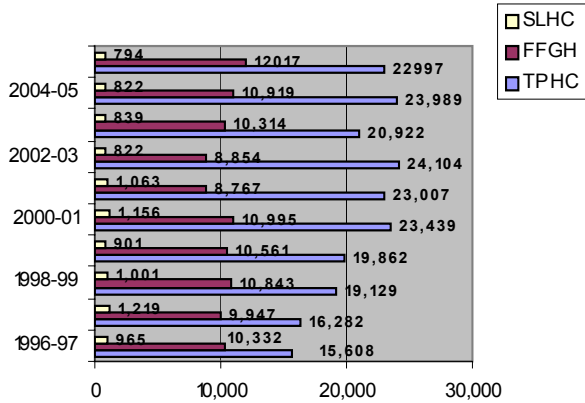
Where NOR-MAN Residents Access Hospital Services?



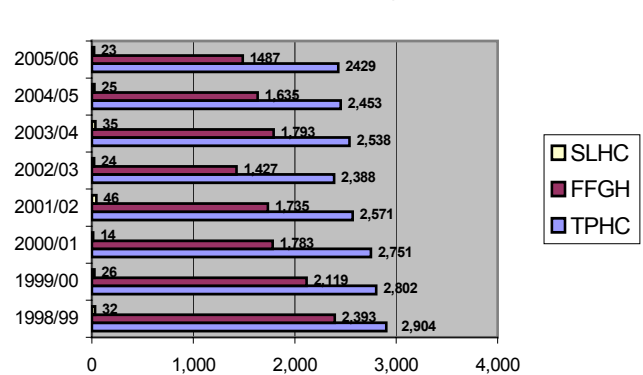
Saskatchewan Residents Use of FFGH - 2005-06



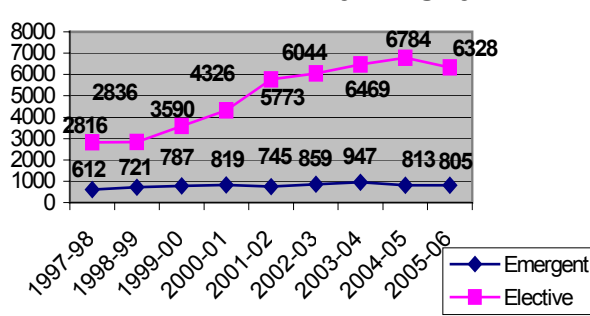
ER Visits



Hospital Discharges



NPTP - Referrals by Category



Hospital Bed Occupancy Rate

	FFGH	TPHC
2003/04	56%	63%
2004/05	47%	66%
2005/06	51%	62%

Newborn Bed Occupancy Rate

	FFGH	THPC
2003/04	24%	24%
2004/05	17%	24%
2005/06	18%	22%

EXCELLENCE IN PATIENT SAFETY & QUALITY OF CARE

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

Some of our accomplishments include.....

- **Patient Safety** - We continue to place a large emphasis on Patient Safety. A Patient Safety Action Plan has been drafted and includes the following components: Creating a Culture of Patient Safety, Improving Information & Resources, Patient Safety in Medication Use, Patient Safety in Worklife and Infection Control. We continue to work on compliance of CCHSA's required organizational practices and Bill 17 legislation requirements.
- **EMS Response Times** - The goal in Manitoba for "Dispatch to Arrival Time, in Town limits" is arriving in 8 minutes, 90% of the time. The Pas & Flin Flon have both exceeded the provincial target. There was an improvement in response times in Flin Flon due to a change in time tracking at switchboard. It is now a similar method to The Pas. It must be noted that it does take longer to travel in Flin Flon, so the time from enroute to at scene will always be greater. EMS Call Volumes in The Pas were 1589. Flin Flon call volumes have increased from 800 in 2002 to 950 in 2003 and 1111 in 2004. The increase in Flin Flon has all been as a result of inter-facility transfers. This increase includes all the CT Scans in The Pas, which average between 4-5 hours return.
- **CQI** – NRHA has 11 CQI Teams who continue to meet on a regular basis. Teams have developed Action Plans to address CCHSA recommendations.
- **Regional Risk Management Program** – Comprehensive risk management program is linked to our CQI process. We are in the process of implementing our Corporate Risk Profile which provides us with a tool to assess risk. Ongoing management and reporting complaints and occurrences is reported through our Quality Scorecards and trends are reviewed on an ongoing basis to guide CQI efforts.
- **Quality Scorecard** – Continues to be released quarterly and is available on our web-site.
- **Framework for Ethical Decision Making** – Ethical Framework for decision making was developed that sets out the values, principles and processes to guide decision making of staff for clinical case reviews, policy reviews and research reviews.
- **Regional Patient Care Model** - Is in the process of being developed and implemented in the region. It includes:
 - Implementing a Patient Care documentation system (Charting by Exception) for Acute, Long Term and Primary Health Care. The system being designed will support the introduction of Care Maps and is intended to readily adapt to an electronic patient record.
 - Maximizing the scope of practice of all regulated care providers.
 - Implementing a new model of nursing service delivery in acute care.
 - Undertaking a regional cultural awareness program for all staff.





- **Failure Mode Effects Analysis (FMEA)** - In planning for the temporary move of St. Anthony's Emergency Department to the third floor during construction of our new Emergency Department, all user groups participated in a Failure Mode Effects Analysis (FMEA) to identify potential concerns of having the Emergency Department on 3rd floor. A planning team was formed and we have been working on operational issues identified through the risk assessment.
- **Nosocomial Infection Rates** - The Staff Health/ Infection Control Departments continue to monitor nosocomial infection rates. There has been an overall decrease in infection rates over the past year. Locally set standards for infection control are less than 3% for Hospital and Surgical Rates and less than 2.5 infections per 1000 resident days for Long Term Care. NRHA rates are all below the standard that has been set, which is optimal.
- **Pandemic Planning** – Our Regional Alert and Response Team has been extremely active with the implementation of an Incident Management System as an organizational framework for dealing with disaster situations. The team has also developed a Regional Pandemic Plan and has conducted a number of mock exercises to put plans into practice using the Incident Management System.
- **Safety Engineered Needles** – NRHA joined all other RHAs in becoming compliant with provincial legislation with respect to safety engineered needles.
- **Accountability Mechanisms** – RHAM Accountability document initiated by NRHA, endorsed by Provincial Planning Network and Council of CEOs for release to all RHAM Networks.
- **Volunteer Program** – Volunteers in our region continue to make a tremendous contribution to our facilities. In 2005/06 volunteers contributed a total of 2,466.05 hours.
- **Health Auxiliaries & Foundation** – Continue to make a huge contribution to our Volunteer program in volunteer hours and fundraising.

EMS Response Averages

EMS Response Averages 2003	The Pas		Flin Flon	
	1 st Unit	2 nd Unit	1 st Unit	2 nd Unit
Dispatch to Enroute Time, In Town	01:38	04:45	03:41	08:41
Enroute to Arrival Time, In Town	04:03	N/A	04:42	N/A
Dispatch to Arrival Time, In Town	05:41	N/A	08:24	N/A
EMS Response Averages 2004	The Pas		Flin Flon	
	1 st Unit	2 nd Unit	1 st Unit	2 nd Unit
Dispatch to Enroute Time, In Town	01:19	06:43	02:07	05:08
Enroute to Arrival Time, In Town	02:52	N/A	04:47	N/A
Dispatch to Arrival Time, In Town	04:11	N/A	06:44	N/A
EMS Response Averages 2005	The Pas		Flin Flon	
	1 st Unit	2 nd Unit	1 st Unit	2 nd Unit
Dispatch to Enroute Time, In Town	01:50	05:59	02:26	07:40
Enroute to Arrival Time, In Town	02:48	N/A	04:37	N/A
Dispatch to Arrival Time, In Town	04:38	N/A	07:03	N/A

Average Dispatch to Enroute Time (mm:ss), in Town (First Unit & Second Unit)

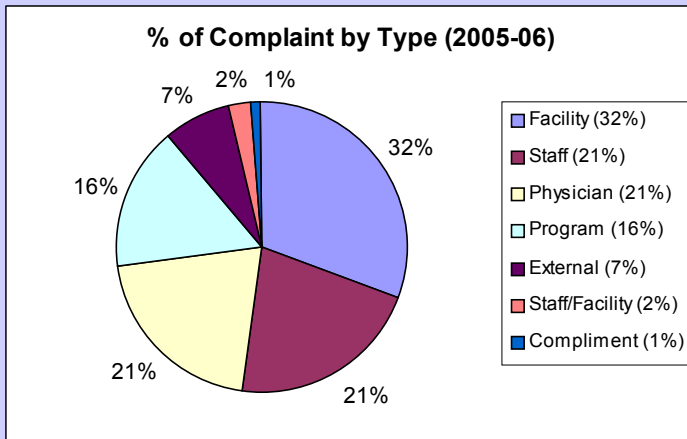
Enroute to Arrival Time, In Town

Dispatch to Arrival Time, In Town

2nd Unit Response is the time the 2nd crew is paged at home till they are leaving the station to respond to the scene.

Source: NRHA EMS

Complaint Reports

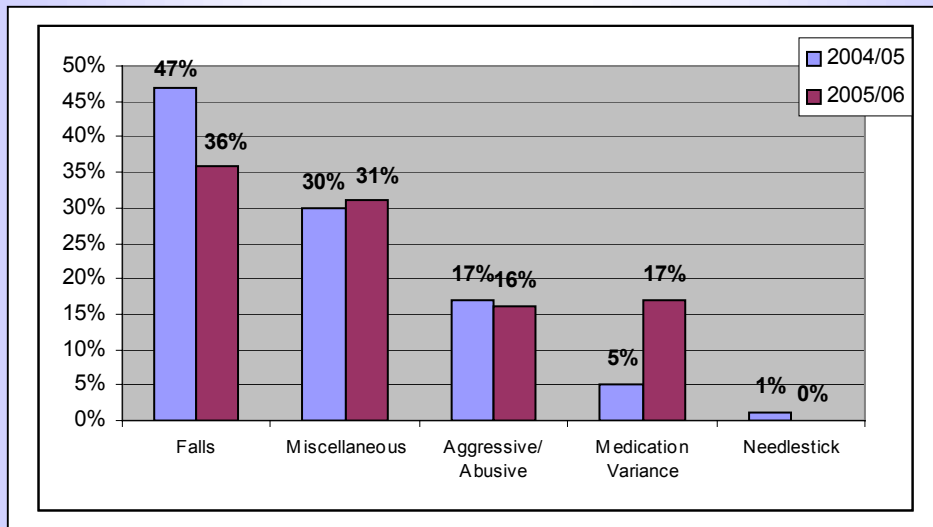


There was a total of 81 complaints in 2005-06 with a 100% of the complaints having a first response within 1 week and 63% receiving a final response within 30 days.

Source: NHRA, Risk Management

Occurrence Reports

Percentage of Occurrences by Type



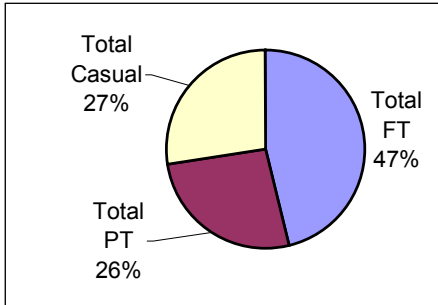
Source: NHRA, Risk Management

Between April 1st, 2005 and March 31st, 2006, Falls account for 36% (503) of all occurrences followed by Miscellaneous at 31% (429), Aggressive/Abusive Behaviour at 16% (220), and Medication Variance at 17% (242). In November of 2005, the NRHA took steps to reduce/ameliorate the number of falls in its facilities by implementing a Falls Prevention Program.



WORKLIFE

TOTAL EMPLOYEE COUNT



Total Employee Count	958
Total Full-Time	435
Total Part-Time	259
Total Casual	264

STAFF PROFILE BY GENDER

Male = 9%
Female = 91%

% UNIONIZED STAFF

MB = 89%
NRHA = 91%

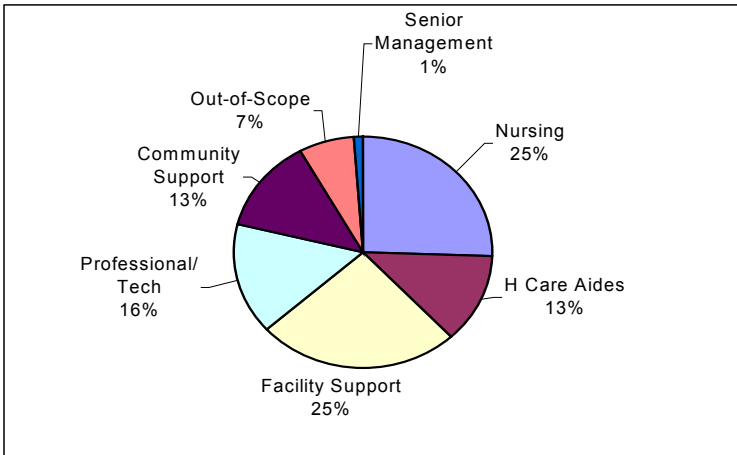
PHYSICIAN PROFILE
(As of December 1, 2005)

Physician Type	The Pas	Flin Flon	Snow Lake
GP	6	5	2
GP/ Surgeon	2	1	0
GP/ OBS	1	1	0
GP/ Anesthesia	locum	2	0
Radiology	1	1	0

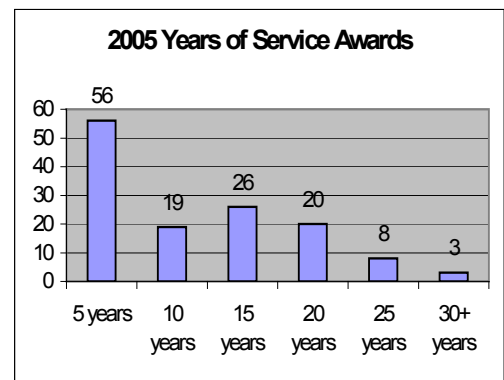
Regional Physicians:

- *GP/Obstetrics -1
- *Internal Medicine -1
- *Psychiatry -1
- *Pediatrician - 1
- *Medical Officer of Health - vacant

REGIONAL STAFFING PROFILE



EMPLOYEE FACTS



REGIONAL RETIREMENT PROFILE

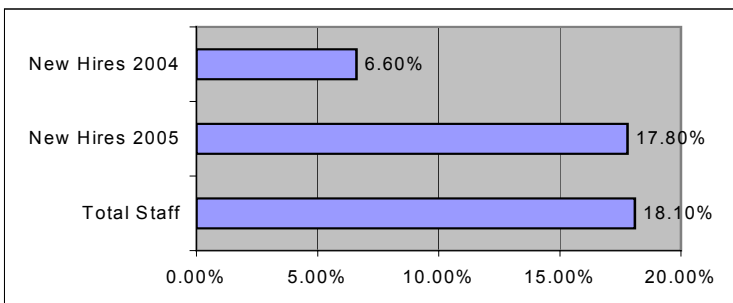
$\frac{105 \text{ potential retirements}}{958 \text{ eligible employees}} =$

11.1%

VOLUNTEER HOURS

3681

% WORKFORCE SELF- DECLARED ABORIGINAL



Average Age of Employees

NRHA = 42.33 years
MB Healthcare Average = 43.15 years
MB = 42.7 years

Average Years of Service

NRHA = 12.5 years
MB Healthcare Average = 8.99 years
MB = 9.61 years

Perfect Attendance Award 2004

$\frac{48 \text{ employees}}{702 \text{ eligible employees}} =$ **6.8%**

Average Vacation/Employee

4.9 weeks

Nosocomial Infection Rates

Hospital Rates	2003-04	2004-05	2005-06
St. Anthony's General Hospital	1.71	1.49	1.07
Flin Flon General Hospital	0.7	0.6	0.3
Surgical Rates	2003-04	2004-05	2005-06
St. Anthony's General Hospital	0.61	0.33	0.89
Flin Flon General Hospital	1.2	1.2	0.3
PCH Rates	2003-04	2004-05	2005-06
Flin Flon Personal Care Home	0.7	0.1	0.8
Northern Lights Manor	1.6	0.2	0.6
St. Paul's	1.29	0.19	0.23

Hospital Rate: $\frac{\# \text{ nosocomial infections}}{\text{Total patients discharged}} \times 100$

Surgical Rate: $\frac{\# \text{ nosocomial infections}}{\text{Total surgical procedures}} \times 100$

PCH Rate: $\frac{\# \text{ nosocomial infections}}{\text{Total resident days}} \times 1000$

Source: NRHA, Infection Control

Acute Care Client Satisfaction Survey Results

Areas of Satisfaction	The Pas Actual Score	Flin Flon Actual Score	Aramark Standard
Hot Food Temperature	64	91	85
Cold Food Temperature	64	98	85
Quality of Food	64	96	80
Server Courtesy	82	98	80
Overall Food Service Satisfaction	64	98	80
Room Cleanliness	91	100	85
Bathroom Cleanliness	91	100	85
Frequency of Room Cleaning	91	96	80
Timing of Room Cleaning	91	100	80
Cleaning Person Courtesy	91	100	80
Overall Housekeeping Satisfaction	91	100	80
Overall Average	80.2	98	81.8

Source: NRHA, Support Services

Long Term Care Client Satisfaction Survey Results

Areas of Satisfaction	The Pas Actual Score	Flin Flon Actual Score	NLM Actual Score	Aramark Standard
Hot Food Temperature	71	84	67	85
Cold Food Temperature	100	94	40	85
Quality of Food	57	71	77	80
Server Courtesy	86	98	97	80
Overall Food Service Satisfaction	86	89	87	80
Room Cleanliness	95	98	98	85
Bathroom Cleanliness	91	98	96	85
Frequency of Room Cleaning	91	98	91	80
Timing of Room Cleaning	91	98	94	80
Cleaning Person Courtesy	100	100	100	80
Overall Housekeeping Satisfaction	91	100	100	80
Overall Average	88	94	86	81.8

Source: NRHA, Support Services



Rosaire House Client Satisfaction Survey Results

Area	%
Individual Counseling	98%
Large Group Sessions	92%
Small Group Work	87%
Meals	83%
Visiting Hours	83%
Chores	92%
Leisure Time	91%
Room/ Private Space	90%
Talking with staff	100%
Treated with Dignity	99%
Talking with Clients	98%
Length of Stay	66%
Feel Better about Self	99%
Learned about Addiction	99%
Overall Satisfaction	91%

Source: NRHA, Addictions CQI Team

What Will We Focus on in the Future...

- **Patient Safety** – Continued focus on patient safety initiatives such as “Safe to Ask” and “Safer Healthcare Now!” campaigns as well as work towards compliance with Bill 17 and CCHSA “Required Organizational Practices”.
- **Corporate Risk Profile** – Continue to implement NRHA’s Corporate Risk Profile and link quarterly status reports to our Quality Scorecard.
- **Client Satisfaction Surveys** – Complete review and implement new processes to ensure data entry and follow-up is consistent throughout the region.
- **Decision Support Plan** – Develop plan to ensure timely release and education of data within the organization to promote evidence-based decision making.
- **Utilization** – Establish and maintain a regional Utilization Committee to address issues regarding appropriate utilization of resources

CHALLENGES

There were a number of challenges identified through the Strategic Planning process. As we move forward over the next few years, these challenges will continue to be the focus of our attention:

1. 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 shifting resources 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.

3. 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.

4. Human Resource Issues

Recruitment and retention of qualified health care professionals and physicians continues to be the number one challenge for the NRHA. In particular in the past few years, the impact of physician shortages 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.

5. 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.

NRHA continues to work diligently to ensure resources are allocated based on demonstrated need and effectiveness. Our "Administrative Cost as Percentage of Total Operating" is 5.1%, which is lower than the Manitoba average of 5.6%. We continue to have financial pressures, which impact our ability to have a balanced budget. Our annual budget increases have mainly allowed us to offset negotiated wage and cost of living increases. We have had no room to reallocate operating dollars to priority areas. Areas of significant pressure include:

- Transportation costs due to increased fuel prices. This is evident in the 12% increase in NPTP despite a reduction in travel warrants in 2005-06.
- Fuel oil, hydro costs and aging infrastructure has also been a larger driver in the budget with "maintenance costs per square foot" being over a dollar a square foot higher in each of the three acute care sites.
- We are also seeing large increases in our drug costs with Chemotherapy drug costs increasing by 22.55%.
- Physician shortages and the need to depend on locum services for Anesthesia and Emergency are driving physician remuneration.
- Ambulance costs relating to the Flin Flon Ambulance operating 24/7, the costs associated with the take over of Cranberry Portage EMS and increased on-call costs for EMS due to negotiated increases.
- Undistributed cost increases are due to rising insurance costs, HR Recruitment and legal fees and associated board costs of having a larger Board of Directors.

We continue to work towards the priorities set out in our Strategic Plan and are looking forward to the many initiatives that are planned for the coming year. We have a great health care team of dedicated staff and a commitment to working together to realize our Mission of "*Healthy People in Healthy Communities, Working Together to Improve Our Health.*"

So..... Are We Improving?

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 with Male Life Expectancy Rate at 72.76 and Females Life Expectancy Rate at 77.78.
- Our number of former smokers continues to increase.
- We continue to see improvement in preventative screening rates including cervical and mammography screening rates.
- Childhood, influenza and pneumococcal immunization rates are steadily improving.
- According to the Canadian Community Health Survey, NOR-MAN residents report that they are more active than the average Manitoban.

To ensure that NOR-MAN residents continue to improve their health, we all have a role to play....

As **Individuals**, you can:

- »»» Be smoke free
- »»» Be active
- »»» Eat healthy
- »»» Use alcohol wisely – drink in moderation

As **Families**, you can:

- »»» Start right – breastfeed, read and play with your children starting at birth
- »»» Spend time together
- »»» Be active together

As a **Community** you can:

- »»» Think green
- »»» Get involved – working together to improve the health of your community
- »»» Be active in community events

As the **NOR-MAN Regional Health Authority**, we are committed to:

- »»» Achieving our Board Ends and strategic priorities.

If each, NOR-MAN resident were to take an active role in improving their own health, we as a region would be moving towards achieving our goal of:

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

CAPITAL PLAN

We saw a number of capital improvements to our facilities this past year. The following summarizes the status of all projects currently in progress:

Projects Completed in 2005-06:

- Flooring Replacement – Flin Flon General Hospital Level 1,2, & Emergency/Outpatient Department
- Flooring Replacement – Flin Flon Personal Care Home
- Dialysis Relocation and expansion to 4 units – Flin Flon General Hospital
- Stretcher/ Elevator/ Ramp Upgrade – Flin Flon General Hospital
- Phase II Security System (Infant) - Flin Flon General Hospital
- Fuel Tank Replacement/ Boiler Upgrade – Flin Flon General Hospital
- Morgue Cooler – St. Anthony's General Hospital
- St. Paul's Waste Drain Replacement – St. Paul's Personal Care Home
- Oxygen Upgrade – Snow Lake Health Centre
- Oxygen Upgrade Cylinder Storage – Snow Lake Health Centre
- Roof Replacement & Windows – Cormorant Nursing Station

Projects in Design:

- Ambulance Garage Power Upgrade - Snow Lake Health Centre
- Fire Alarm/ Wander guard - Snow Lake Health Centre
- PCH Handicap Access - Flin Flon Personal Care Home
- Flooring Replacement – Physiotherapy, St. Anthony's General Hospital
- Flooring Replacement – Rosaire House
- Flooring Replacement – Snow Lake Health Centre
- PCH Patio Project – Flin Flon Personal Care Home
- Handicap Access Ramps and Sidewalks – Snow Lake Health Centre
- Pharmacy Redevelopment – Flin Flon General Hospital

Projects Tendered:

- Window Replacement – 1928 wing, St. Anthony's General Hospital
- Dialysis Upgrade – St. Anthony's General Hospital
- ER/SCU Redevelopment – St. Anthony's General Hospital

Projects Under Construction:

- Domestic Water Tank/ Booster – Flin Flon General Hospital
- Exhaust Fan Relocation – St. Anthony's General Hospital
- Window Replacement – 1938 wing, Flin Flon General Hospital
- EMS Facility –The Pas

Projects under Review by MB Health:

- Security Upgrade – Psychiatric Unit, St. Anthony's General Hospital
- Security Upgrade – The Pas Health Complex
- Lab Upgrade – St. Anthony's General Hospital
- Link Doors –The Pas Health Complex
- Maintenance Shop/ Morgue – Snow Lake Health Centre
- Admissions Ergonomics Renovation – Flin Flon General Hospital
- Obstetrics Air Intake – St. Anthony's General Hospital
- Standby Generator Load Balance – St. Anthony's General Hospital
- Nurse Call System – St. Anthony's General Hospital

What Will We Focus on in the Future....

Flin Flon: Upcoming capital projects in Flin Flon include:

- Installation of new windows in the 1938 wing;
- Construction of a domestic water tank and booster pump to deal with the city's aging water infrastructure;
- Upgrades to the Flin Flon Personal Care Home patio; and
- Redevelopment of the Pharmacy department.

Snow Lake: In Snow Lake, upcoming projects include:

- Flooring replacement;
- Handicap access/ patio project; and
- Fire alarm, power upgrade and resident wander guard system.

The Pas: In The Pas, it will be a busy few years with a major capital project underway. The project is expected to be complete by December 2007 with the Emergency Department temporarily relocating to the third floor (from January to July 2007) while construction of the new Emergency Department is underway. The scope of the project includes:

- Redevelopment of the Emergency Department to meet code requirements and to improve functionality of the department;
- Relocation of the Special Care Unit (SCU) adjacent to the Emergency Department and an increase from 1 to 3 SCU beds;
- Relocation of the Medical Records department to the mezzanine level;
- Relocation of staff lockers to the 4th floor;
- Relocation of OT department;
- Flooring Replacement in X-ray department, Lab/Imaging waiting areas and north corridor;
- Expansion and improvements to gift shop (owner funded);
- Additional Storage areas;
- Security – card access to Doctor's Lounge and Laboratory;
- A new 10 station Dialysis department will be constructed on the third floor (1970 wing) once the new Emergency department had been built; and
- New windows in the 1928 Wing.

Other upcoming projects in The Pas include:

- Completion of new three-bay EMS facility (Summer 2006);
- New flooring for Rosaire House Addiction Centre; and
- New flooring for the Physiotherapy department.



FINANCIAL INFORMATION

The following financial information was extracted from the Audited Financial Statements reported on by Kendall Wall Pandya in the Auditor's Report dated May 30, 2006. A complete set of Financial Statements and Auditor's reports may be obtained from the Health Authority.

In accordance with the Public Sector Compensation Disclosure Act, the NOR-MAN Regional Health Authority has disclosed the information required by this Act in our Auditor's Supplementary Financial Information which has been certified by our Auditor to be correct. Also in accordance with said Act, a copy of the Auditor's Supplementary Financial Information is available to the public through the offices of the Chief Executive Officer upon written request.

Letter From the Auditors

KENDALL WALL PANDYA

Chartered Accountants

76 Main St., P.O. Box 175, Flin Flon, MB R8A 1M7 (204) 687-8211 Fax 687-2957

AUDITOR'S REPORT

To the Chairperson and Board of Directors

We have audited the statement of financial position of NOR-MAN Regional Health Authority Inc. as at March 31, 2006 and the Statements of Operations, Net Assets, Deferred Contributions, and Cash Flow for the year then ended. These financial statements are the responsibility of the Health Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the NOR-MAN Regional Health Authority Inc. as at March 31, 2006 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Flin Flon, MB
May 11, 2006

Chartered Accountants

Statement of Financial Position
Year Ended March 31, 2006

ASSETS			
	Notes	2006	2005
CURRENT ASSETS			(Notes 10 & 11)
Accounts receivable	2a	\$1,129,025	\$1,096,826
Due from MB Health	2b	7,444,537	5,052,685
Inventories		433,114	455,486
Prepaid expense		<u>341,527</u>	<u>275,351</u>
		9,348,203	6,880,348
DUE FROM MB HEALTH	2c	2,654,372	2,654,372
CAPITAL ASSETS	5	<u>29,617,001</u>	<u>28,793,210</u>
		<u>\$41,619,576</u>	<u>\$38,327,930</u>
LIABILITIES			
CURRENT LIABILITIES			\$ 788,241
Bank Indebtedness		\$ 3,627,051	
Accounts payable		3,678,624	3,734,682
Accrued vacation benefit entitlements		<u>3,220,052</u>	<u>3,165,049</u>
		10,525,727	7,687,972
ACCRUED PRE-RETIREMENT OBLIGATIONS	6	3,461,718	3,018,505
DEFERRED CONTRIBUTIONS	3		
Expenses of future periods		1,031,020	1,051,341
Capital assets		28,505,142	27,553,205
NET ASSETS			
Invested in capital assets	4	1,111,859	1,240,004
Restricted	2f	1,496	55,321
Unrestricted		<u>(3,017,386)</u>	<u>(2,278,418)</u>
		<u>\$41,619,576</u>	<u>\$38,327,930</u>

COMMITMENTS (note 12)
 Approved by the Board:

See accompanying notes.



**Statement of Operations
Year Ended March 31, 2006**

	2006	2005
Revenue		(Notes 10 & 11)
Manitoba Health - Note 7	\$56,883,757	\$52,414,013
Non-insured income	5,500,064	5,578,529
Other income	3,859,560	3,842,640
Amortization of deferred contributions	2,452,922	2,455,859
Ancillary revenue	<u>1,306,108</u>	<u>1,803,822</u>
	<u>70,002,411</u>	<u>66,094,863</u>
Expenses		
Acute care	\$29,656,297	\$28,487,311
Long-term care	7,845,987	7,393,425
Medical remuneration	9,443,399	8,148,267
Community based therapy	437,498	419,928
Community services co-ordination	263,886	314,072
Community based mental health	1,285,834	1,207,360
Community based home care	4,300,234	4,037,796
Community based health	3,351,550	3,691,948
Land ambulance	1,932,445	1,660,765
Unallocated Regional health authority costs	3,002,176	2,549,418
Amortization of capital assets	2,581,068	2,584,006
Northern Patient Transportation	4,210,110	3,745,454
Pre—retirement	755,967	471,294
Rosaire House Addictions Centre	658,824	632,639
Ancillary expenses	<u>1,198,074</u>	<u>1,101,692</u>
	<u>70,923,349</u>	<u>66,445,375</u>
Deficiency of Revenue Over Expenses	<u>\$ (920,938)</u>	<u>\$ (350,512)</u>

See accompany notes.

Statement of Net Assets
Year Ended March 31, 2006

	<u>Investment in Capital Assets</u>	<u>Restricted</u>	<u>Unrestricted</u>	<u>2006 Total</u>	<u>2005 Total</u>
Balance, beginning of year	\$1,240,004	55,321	\$ (2,278,418)	\$ (983,093)	\$ (632,581)
(Deficit) from operations	<u>(128,1456)</u>	<u>(53,825)</u>	<u>(738,968)</u>	<u>(920,938)</u>	<u>(350,512)</u>
Balance, end of year	<u>\$1,111,859</u>	<u>\$ 1,496</u>	<u>\$(3,017,386)</u>	<u>\$ (1,904,031)</u>	<u>\$(983,093)</u>

See accompanying notes.

Statement of Deferred Contributions
Year Ended March 31, 2006

EXPENSES OF FUTURE PERIODS

	<u>Funds in Reserve for Major repairs and improvements</u>	<u>Donations</u>	<u>Grants</u>	<u>Total</u>	<u>Capital Assets</u>
Balance, beginning of year	\$ 99,344	\$422,508	\$ 529,494	\$1,051,346	\$22,701,060
Prior period adjustment - Note 11	-	-	-	-	<u>4,852,143</u>
Balance, Beginning of year as restated	99,344	422,508	529,494	1,051,346	27,553,203
Contributions	8,153	-	-	8,153	3,200,178
Transfer of funds from donations for capital assets	-	(204,683)	-	(204,683)	204,683
Donations	-	94,561	-	94,561	-
Amortization - capital	-	-	-	-	(2,452,922)
Grants	-	-	<u>81,643</u>	<u>81,643</u>	-
Balance, end of year	<u>\$ 107,497</u>	<u>\$ 312,386</u>	<u>\$ 611,137</u>	<u>\$ 1,031,020</u>	<u>\$28,505,142</u>

See accompanying notes.



Statement of Cash Flow
Year Ended March 31, 2006

	<u>2006</u>	<u>2005</u>
CASH FLOWS FROM OPERATING ACTIVITIES		Notes 10 & 11
Deficiency of revenue over expenses	\$ (920,938)	\$ (350,512)
Items not effecting cash		
Amortization of capital assets	2,581,068	2,584,006
Amortization of deferred contributions	(2,455,859)	(2,452,922)
Change in non-cash working capital	(2,468,910)	630,685
Change in pre-retirement liability	<u>443,213</u>	<u>364,133</u>
	<u>(2,818,489)</u>	<u>772,453</u>
 Cash Flows from Investing and Financing Activities		
Purchase of capital assets	(1,069,381)	(1,198,258)
Construction in progress expenditures	(2,335,478)	(775,000)
Receipt of contributions relating to capital assets	3,200,178	1,442,552
Receipt of contributions relating to expenses of future periods	<u>184,360</u>	<u>88,443</u>
	<u>(20,321)</u>	<u>(442,263)</u>
Increase in Bank Indebtedness	(2,838,810)	330,190
Bank Indebtedness, at beginning of year	<u>(788,241)</u>	<u>(1,118,431)</u>
 Bank Indebtedness, end of year	<u>\$ (3,627,051)</u>	<u>\$ (788,241)</u>

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

1. ECONOMIC DEPENDENCE

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

2. ACCOUNTS RECEIVABLE/DUE FROM MANITOBA HEALTH

a) Accounts Receivable

	<u>2006</u>	<u>2005</u>
Ambulance	\$ 667,997	\$ 685,313
Residents	201,215	269,055
Employee computer loans	59,965	88,002
Government of Canada	197,120	94,085
Other government agencies	44,221	54,574
Sundry	<u>3,642</u>	<u>10,180</u>
	1,174,160	1,201,209
Less allowance for doubtful accounts	<u>(45,135)</u>	<u>(104,383)</u>
	<u>\$ 1,129,025</u>	<u>\$ 1,096,826</u>

b) Due from Manitoba Health

	\$ 1,287,999	
Out of Globe – 2004		\$1,346,193
Out of Globe – 2005	1,107,619	1,029,329
Out of Globe – 2006	2,830,043	-
Recovery from Saskatchewan		
-payable to Manitoba 2004	-	(1,173,000)
-payable to Manitoba 2005	(891,946)	-
Ancillary Programs	55,217	82,945
Approved capital funding	215,671	927,284
Vacation benefit entitlements	<u>2,839,934</u>	<u>2,839,934</u>
	<u>\$ 7,444,537</u>	<u>\$ 5,052,685</u>

c) Due from Manitoba Health

Pre-retirement obligation entitlements	<u>\$ 2,654,372</u>	<u>\$ 2,654,372</u>
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3. DEFERRED CONTRIBUTIONS

a) Expense of future periods

i) Funds in reserve for major repairs and improvements

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

ii) Donations

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

iii) Grants

Deferred contributions related to grants represent externally restricted unspent amounts of grants for various programs.

b) Related to capital assets



Deferred capital contributions represent the unamortized amounts of grants received for the purchase of capital assets. The amortization of capital contributions is recorded as revenue in the statement of operations.

4. NET ASSETS INVESTED IN CAPITAL ASSETS

Net assets invested in capital assets are calculated as follows:

	<u>2006</u>	<u>2005</u>
Capital assets	\$ 29,617,001	\$ 28,793,210
Amount financed by:		
Deferred contributions	(28,505,142)	(27,553,206)
Long-term debt	0	0
	<u>\$ 1,111,859</u>	<u>\$ 1,240,004</u>

5. CAPITAL ASSETS

	<u>2006</u>		
	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>Net Book Value</u>
Land and land improvements	\$ 599,059	\$ 271,675	\$327,384
Buildings	36,440,607	14,550,800	21,889,407
Computer equipment	1,732,202	1,129,941	602,261
Equipment	7,065,983	3,378,512	3,687,471
Construction in Progress	<u>3,110,478</u>	<u>0</u>	<u>3,110,478</u>
	<u>\$48,947,929</u>	<u>\$19,330,928</u>	<u>\$29,617,001</u>
	<u>2005</u>		
	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>Net Book Value</u>
Buildings	36,116,643	12,937,931	23,178,712
Computer equipment	1,914,115	1,262,489	651,626
Equipment	6,860,957	3,008,508	3,852,449
Construction in Progress	<u>775,000</u>	<u>0</u>	<u>775,000</u>
	<u>\$46,265,774</u>	<u>\$17,472,564</u>	<u>\$28,793,210</u>

6. ACCRUED PRE-RETIREMENT OBLIGATIONS

	<u>2006</u>	<u>2005</u>
Members of the Health Employees Pension Plan And Civil Service Superannuation Plan	<u>\$ 3,461,718</u>	<u>\$ 3,018,505</u>

The Authority's contractual commitment, based on an actuarial valuation, for the pre-retirement entitlement for members of the Healthcare Employees Pension Plan is to pay out four days of salary per year of service upon retirement if the employee complies with one of the following conditions:

- i. have ten years service and have reached the age of 55 or

- ii. qualify for the “eighty” rule which is calculated by adding the number of years service to the age of the employee
- iii. retire after age 65
- iv. terminate employment at any time due to disability

The Authority undertook an actuarial valuation May 5, 2006 of the accrued retirement entitlements as at March 31, 2006. The significant actuarial assumptions adopted in measuring the Authority's accrued retirement entitlements include mortality and withdrawal rates, a discount rate of 5.00% and a rate of salary increase of 3.0 % plus age related merit/promotion scale with no provision for disability.

Funding for the retirement obligation is recoverable from Manitoba Health on an Out of Globe basis in an amount equal to the amount receivable at March 31, 2004 of \$2,654,372.

7. REVENUE FROM MANITOBA HEALTH

Revenue from Manitoba Health's of financial position as a receivable from	\$	55,159,800	
Add: Accruals approved by Manitoba Health:			
Medical remuneration		2,413,685	
Contributions re: long term debt - interest		2,071	
Contributions re: long term debt - principal		<u>974</u>	<u>2,416,730</u>
Total funding approved by Manitoba Health			57,576,530
Add: Items not reflected in Manitoba Health's final funding document:			
Wage standardization funding		362,651	
MAHCP market adjustment funding		<u>50,662</u>	413,313
Deduct: Amounts recorded as deferred contributions:			
Reserve for major repairs and improvements		(8,153)	
Contribution for basic equipment		<u>(227,569)</u>	(235,722)
Deduct: Amounts not recognized as revenue			
Loan payments made on behalf of Province			(680,744)
Deduct: Other items:			
Capital interest			<u>(189,620)</u>
Revenue from Manitoba Health			<u>\$ 56,883,757</u>

8. PENSION PLAN

Most of the employees of the Authority are members of the Healthcare Employees Pension Plan (the “Plan”), which is a multi-employer defined benefit pension plan available to all eligible employees. Plan members will receive benefits based on the length of service and on the average annualized earnings calculated on the best five of the eleven consecutive years prior to retirement, termination or death, that provide the highest earnings. The costs of the benefit plan are not allocated to the individual entities within the related group. As a



result, individual entities within the related group are not able to identify their share of the underlying assets and liabilities. Therefore the plan is accounted for as a defined contribution plan in accordance with the requirements of the Canadian Institute of Chartered Accountant's Handbook section 3461.

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

Variances between actuarial funding estimates and actual experience may be material and any differences are generally to be funded by the participating members. The most recent actuarial valuation of the plan as at December 31, 2004, indicates that the plan is fully funded. Actual contributions to the plan made during the year by the Authority on behalf of its employees amounted to \$1,563,738 (2005 - \$1,246,575) and are included in the statement of operations.

Some of the employees of the Authority are eligible for membership in the provincially operated Civil Service Superannuation Plan. The pension liability for Authority employees is included in the Province of Manitoba's liability for Civil Service Superannuation Fund. Accordingly, no provision is required in the financial statements relating to the effects of participating in the plan by the Authority and its employees.

9. RELATED ENTITIES

The Pas Health Complex Foundation, Inc. (the "Foundation") is a non-profit voluntary association who's purpose is the betterment of health care at The Pas Health Complex facilities. While there is no formal relationship between the Authority and this registered charitable Foundation, the aims and objectives coincide. The Authority regularly provides the Foundation with a listing of project/equipment requirements for the Foundation to consider in their annual funding process. During the year the Authority received donated equipment valued at \$10,775 (2005 - \$10,524).

10. STATEMENT PRESENTATION

Prior year figures have been restated for comparative purposes.

11. PRIOR PERIOD ADJUSTMENT

Due to a change in the revenue recognition policy all debt guaranteed by the province has been reclassified as deferred contributions related to capital assets. This deferred contribution is being amortized over the remaining life of assets for which the contribution was received.

These financial statements reflect this policy by increasing the deferred contributions related to capital assets at March 31, 2005 by \$4,852,143 and reducing long term debt by the same amount.

12. COMMITMENTS

- a) The Authority has entered into a 5 year lease at \$60,000 per annum and two 15 year leases totaling \$211,200 per annum for buildings housing some of its operations. Annual lease payments over the next five years are as follows:

2007	\$271,200
2008	\$271,200
2009	\$271,200
2010	\$271,200
2011	\$271,200

- b) The Authority, on behalf of the Province of Manitoba, is making payments of principal and interest related to Province of Manitoba long-term debt. The \$7,403,313 principal balance is reflected as deferred contributions related to capital assets. Funding is received from the Province for the principal and interest payments. Principal payments are estimated over the next five years as follows:

2007	\$834,979
2008	\$783,919
2009	\$757,504
2010	\$748,699
2011	\$748,699



**Key Financial Indicators
2001 - 2005**

Administrative Cost as a % of Total Expense
% NRHA budget spent on administration comparison between MB RHA's & MB average.

Regional Health Authority	2001 %	2002 %	2003 %	2004 %	2005 %
Assiniboine	6.7	6.7	5.8	5.0	5.0
Brandon	3.9	4.0	4.1	4.0	3.7
Burntwood	5.2	5.1	4.8	4.9	5.9
Cancer Care	5.8	5.4	5.8	6.0	5.7
Central	5.3	4.8	4.9	5.0	5.0
Churchill	10.1	9.7	8.8	9.4	9.6
Interlake	5.1	5.5	5.1	5.1	4.9
NOR-MAN	5.0	4.8	4.7	5.0	5.1
North Eastman	6.9	7.3	6.8	7.3	6.3
Parkland	6.1	6.1	5.8	5.5	5.4
South Eastman	4.2	3.6	4.6	5.3	5.1
Winnipeg	5.5	5.8	5.7	6.2	6.0
MB Average	5.5	5.6	5.5	5.8	5.6

NRHA administrative costs as a percentage of total operating are lower than the provincial average

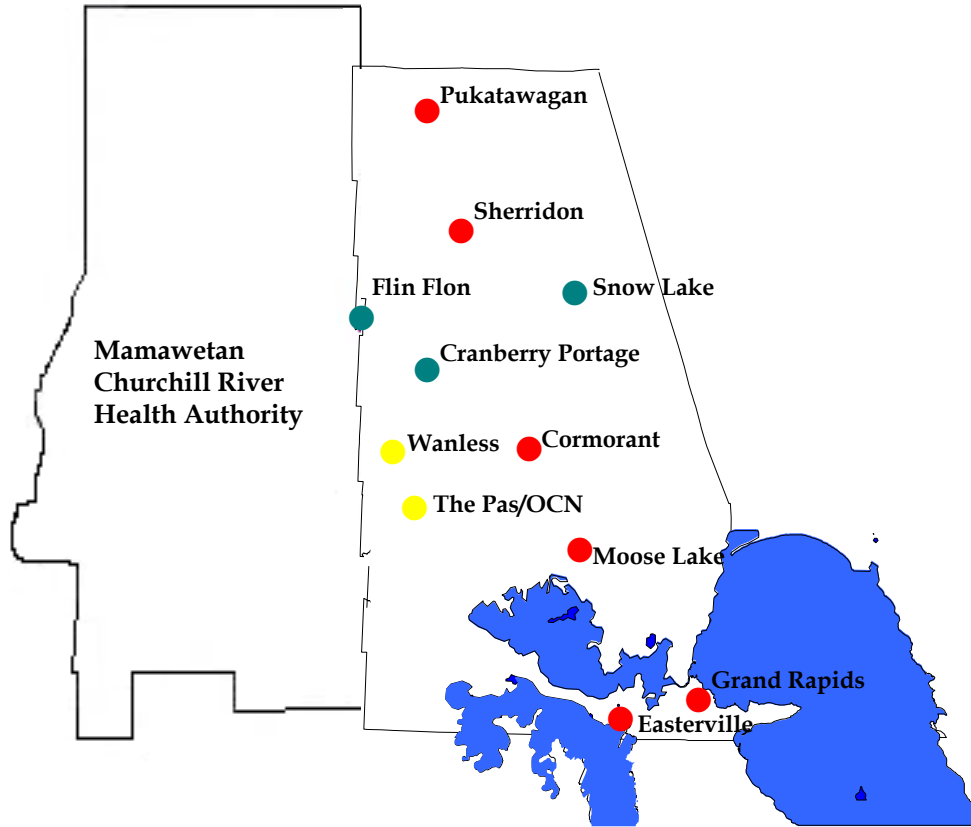
NOR-MAN Regional Health Authority
2005 – 2006 Annual Report

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