



# QUALITY SCORECARD VITAL STATISTICS ON RESPONSIVENESS

October 2009

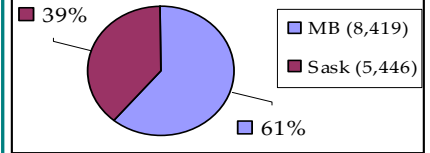
## What EMS responded to in 2008?

### % EMS Calls by Injury/Illness

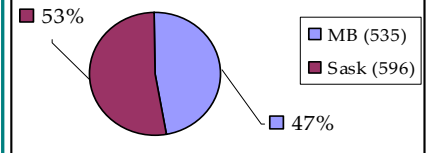
	Medical	Falls	Violence	Motor Vehicle	Other
Grand Rapids	71%	5%	3%	14%	7%
Cranberry Portage	65%	11%	6%	6%	8%
Flin Flon	69%	14%	5%	5%	7%
The Pas	70%	8%	8%	6%	8%

## Saskatchewan Residents Use of FFGH – 2008-09

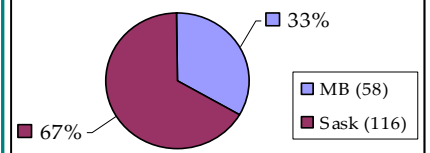
### ER Visits - 2008/09



### Discharges - 2008/09

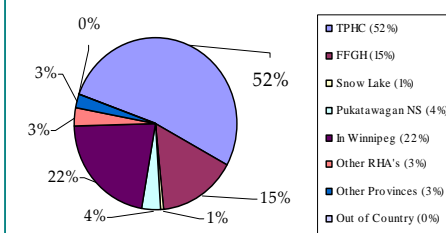


### Newborns - 2008/09

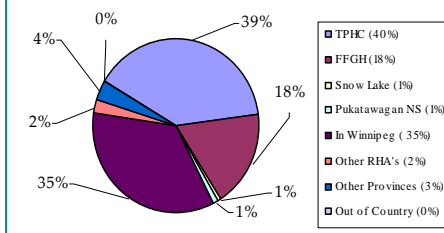


## Where NOR-MAN Residents Access Hospital Services?

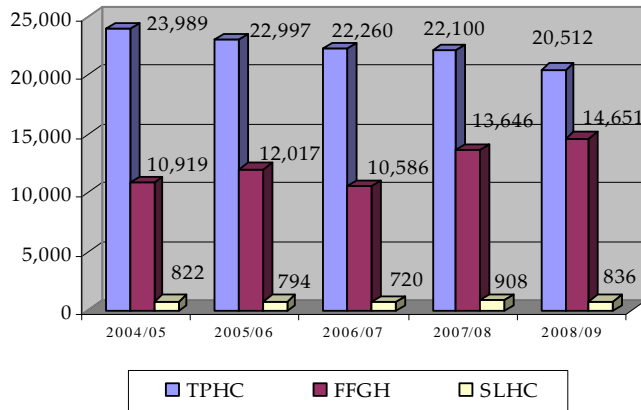
### Inpatient Cases - 2007/08



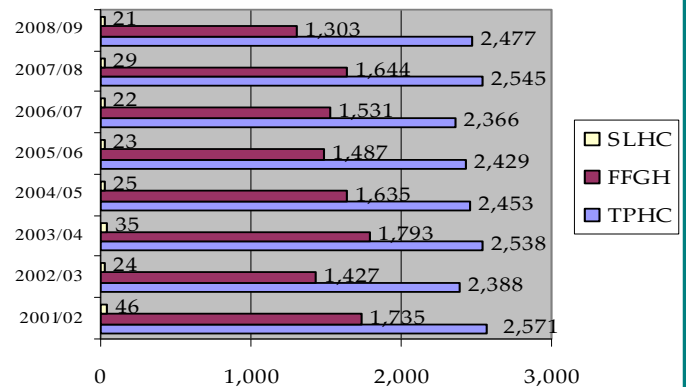
### Inpatient Days - 2007/08



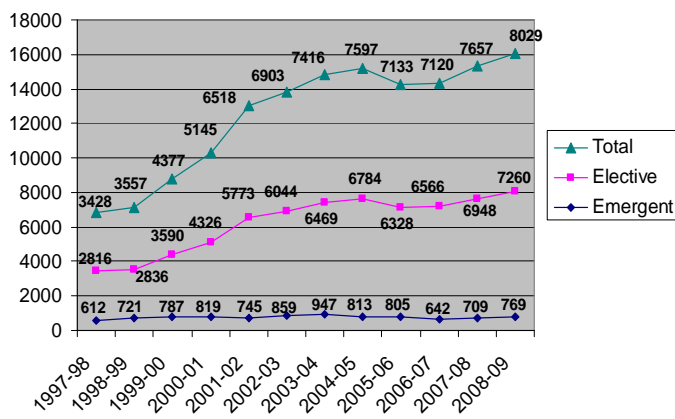
### ER Visits



### Hospital Discharges



### NPTP Warrants by Type of Referral



### Newborn Bed Occupancy Rates

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

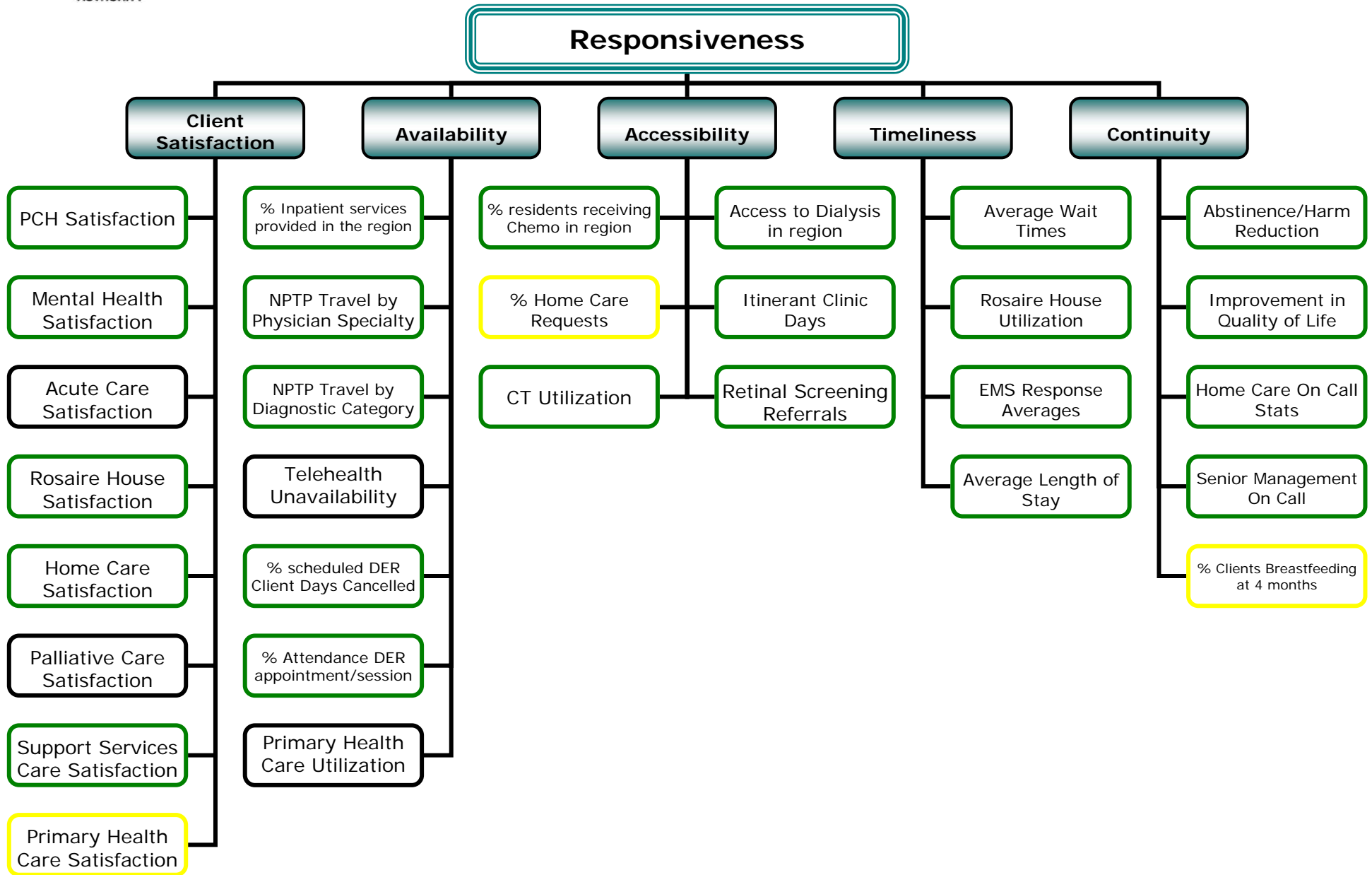
### Hospital Bed Occupancy Rates

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

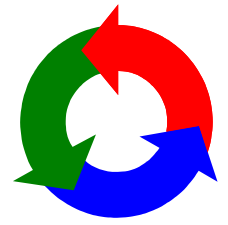


# Quality Scorecard: Responsiveness

## October 2009



# NOR-MAN REGIONAL HEALTH AUTHORITY QUALITY SCORECARD "RESPONSIVENESS"



<b>Date:</b>	October 2009	<b>Scorecard Area:</b>	RESPONSIVENESS
<b>AIM Dimension:</b>	Satisfaction with Services	<b>Reporter/Source:</b>	Long Term Care CQI Team
<b>Board End:</b>	Healthy People		
<b>Reporting Period:</b>	August 2009		
<b>Indicator Name:</b>	<b>Resident Satisfaction with Experience in Personal Care Home</b>		
<b>Definition:</b>	Resident Satisfaction Survey Selected Results		
<b>Results:</b>	A Client Satisfaction Survey was completed in all of our Long Term Care sites in August 2009. The overall response rate was 27% however the site specific rates were as follows:		
<b>Interpretation:</b>			
<b>Rating:</b>	<b>Good</b>		
	<ul style="list-style-type: none"> <li>▪ St. Paul's Residence: 15%</li> <li>▪ Northern Lights Manor: 33%</li> <li>▪ Church Street Personal Care Home: 41%</li> </ul>		
	<p>The survey consisted of 30 questions, (survey answer key was always, most of the time, neutral, rarely, never, no comment). Highlights from the survey are:</p> <ul style="list-style-type: none"> <li>• 38% of the respondents indicated that their needs were being met all of the time.</li> <li>• 20% of the respondents indicated that their needs were being met most of the time.</li> <li>• 6% of the respondents chose a neutral response.</li> <li>• 13% of the respondents chose not to comment.</li> <li>• 23% of the respondents identified that their needs were not being met.</li> </ul>		
	<p>The main areas identified in which the respondents felt their needs were not being met (as indicated by a never response) were as follows:</p> <ul style="list-style-type: none"> <li>• 18% of the respondents indicated that there was not enough variety, choice or selection in the menu.</li> <li>• 21% identified that the meals were not tasty or visually appealing.</li> <li>• 6% of the respondents indicated that they feel staff does not respond to their concerns in a timely manner.</li> <li>• 9% of the respondents indicated that they feel staff does not keep them informed of changes in their condition/treatment.</li> <li>• 3% of the respondents indicated that staff did not take the time to include them in their conversations.</li> </ul>		

**Action Plan:**

- Family and Resident Advisory Councils are in place and meet on a regular basis. This provides a forum to discuss and address ongoing concerns of residents/ families and to provide recommendations for improvements. Each Resident Advisory Council will be developing an action plan to address the areas in which the respondents felt their needs were not being met.
- The Long Term Care CQI Team continues to meet and identify opportunities for continuous quality improvements to improve resident's home environment.
- At present, we are only funded to have recreation staff to provide programming during the days Monday to Friday. A request has been submitted in our Health Plan for the past 2 years to provide funding to increase recreational staff for evenings and weekends.
- Support services conduct an ongoing resident satisfaction survey regarding housekeeping and dietary.
- Resident Care Audits continue to be done.
- Ongoing monthly staff meeting and daily reports with the Health Care Team occur to discuss ways in which improvements can be made to the delivery of care.

**Date:** October 2009 **Scorecard** RESPONSIVENESS  
**AIM Dimension:** Satisfaction with Services **Area:**  
**Board End:** Healthy People **Reporter/ Source:** Mental Health CQI Team

**Reporting Period:** Time Trend December 2004 – 2006 – 2008

**Indicator Name:** Community Mental Health Consumer Satisfaction Levels

**Definition:**

1. Areas of Excellence: Items with >85% who Strongly Agree/ Agree
2. Things We Do Well: Items with 75% to 85% who Strongly Agree/ Agree
3. Areas of Improvement: Items <75% who Strongly Agree/ Agree

**Results:**  
**Interpretation:**

**Rating:** **Good**

**Warning Rate has decrease over time**

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

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

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

Adult Survey Response rate = 24.2% (38/157) **Bolded CODI Questions Response Rate = 36.8% (14/38)**  
Average Respondent age is 43 years, Age Range is 18 – 66 years Female Response Rate = 86.6%

**NOR-MAN Regional Health Authority Quality Scorecard: Responsiveness (October 2009)**

**Ratings:** **Blue = Optimal;** **Green = Good Ongoing CQI;** **Yellow = Warning/ Room for Improvement;** **Red = Trouble/ Extensive Work Required;** **Black = In Development/ New Data Not Available**

We have shown improvements in the following four (4) key areas since December 2006:

- Staff encouraged me to take responsibility for how I live my life.
- I feel comfortable asking questions about my treatment and medication.
- Staff here believe that I can grow, change and recover.
- I was able to get all the services I thought I needed.

The first two indicators speak to the values of clients' empowerment, the third to client recovery and the fourth to staff responsiveness. This year's survey has identified a number of areas of concern. Items where the results are lower than the previous survey included:

- Staff returned by call in 24 hours.
- Staff is sensitive to my cultural background (race, religion, language).
- Staff respected my wishes about who is and who is not to be given information about my treatment.
- I was given information about my rights.
- I do better in social situations.

#### **Action Plan:**

The Mental Health team in the Region will conduct the survey again in October and November 2010, at the same time as the other Regional Health Authorities in the province. Results should be available in December 2010 and will be reported to Manitoba Health and Healthy Living Mental Health and Addictions Branch in February 2011. In the NOR-MAN Region we continue to build actions plans from the survey indicators and are using those as part of the Quality Improvement process. We have goals in the following areas:

#### **1. Suicide Prevention**

- To raise awareness of issue in the region.
- To develop inter-sectoral Suicide Prevention Networks in the Region.
- To offer ASIST workshops four (4) times per year.
- To study and implement Provincial Suicide prevention paper initiatives.
- To study Aboriginal Suicide prevention data.

We have two (2) active Suicide Awareness and prevention Community Committees in the Region and have secured funding to support both of the committees to attend the National Suicide Prevention Conference in Brandon, Manitoba in October 2009. We are planning to support training of another Trainer in the Applied Suicide Intervention Strategies Training (ASIST) to extend our capacity to deliver that particular best practice to the outlying communities.

#### **2. Housing**

- To assist clients living with severe and persistent mental illness to choose-get-keep appropriate housing in the community of their choice
- The most recent survey indicates that we have ongoing work to do in this area but our clients did endorse a healthy improvement in Mental Health Housing supports.

#### **3. Employee Mental Health**

- To raise awareness of mental health issues in the NRHA staff group
- To offer educational opportunities to NRHA staff related to mental health issues in the workplace
- To promote mental wellness and emotional safety in the workplace.

As part of the Regional and Provincial preparations related to H1N1, Community Mental Health Clinicians will engage in a Train-the-Trainer program to provide Psychological First Aid Training to staff so that all might better support clients and families through the pandemic period.

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<b>Date:</b>	October 2009	<b>Scorecard Area:</b>	RESPONSIVENESS
<b>AIM Dimension:</b>	Satisfaction with Services	<b>Reporter/Source:</b>	Decision Support
<b>Board End:</b>	Healthy People		Acute Care CQI

**Reporting Period:** Data not available

**Indicator Name:** **Acute Care Client Satisfaction Levels**

- Ambulatory Care
- Emergency Department
- Inpatients

**Definition:** % Satisfied with experience in NRHA Acute Care facilities

**Results:**  
**Interpretation:** During the past three years, there has been limited use of the 3 NRHA Client Surveys in place: the In-patients, Emergency, and Ambulatory Care. A new combined survey tool has been designed and pilot tested and will be introduced in the winter of 2009/10. The new distribution plans are as follows:

**Rating: Black**

**In Development**

- In-patients will receive a survey as part of their discharge planning.
- The Emergency and Ambulatory Care surveys will be available at all times and posters describing the survey will be posted in emergency, day surgery, out-patient clients, OT, PT, lab, imaging and telehealth clinic rooms. Chemo and Dialysis

A marketing plan has been developed and will start in the winter 2010 to ensure that all NOR-MAN residents know about the client satisfaction survey and the value of their comments to the NOR-MAN Regional Health Authority. Staff education sessions will also be given prior to the release of the survey tools and all staff will be asked to promote the completion of the survey to all clients.

**Action Plan:**

An Access database has been developed in conjunction with data capture software. We continue to work on the development of read-only access for all Acute Care based Medical, Emergency, Operating Room and Obstetrics CQI Team members by a shared file with passwords. The new process will see all completed surveys sent to Decision Support for data entry, analysis and report generation. All survey information will be forwarded to the Executive Director of Clinical Services at both St. Anthony's and the Flin Flon General Hospital for required action.

Each of the following acute based CQI teams - Medical, Emergency, Operating Room and Obstetrics will review survey reports, identify/discuss areas of concerns and bring recommendations forwarded to Quality Council.

**Date:** October 2009 **Scorecard Area:** RESPONSIVENESS  
**AIM Dimension:** Satisfaction with Services **Reporter/Source:** Addictions CQI Team  
**Board End:** Healthy People

**Reporting Period:** April 1, 2008 to March 31, 2009

**Indicator Name:** Client Satisfaction with Experience in Rosaire House

**Definition:** % Satisfied with experience at Rosaire House

**Results:**

**Interpretation:**

**Rating:** **Good**

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

**Overall Satisfaction Rate by year:**

- 2005/06: 91% reporting satisfaction
- 2006/07: 90% reporting satisfaction
- 2007/08: 91% reporting satisfaction

Satisfaction rates continue at a stable level with the same issues as the past year being the most concern: meals and the length of program. We continue with audits twice a year for feedback to dietary but the main requests are around fast-food items which we do not have here. The issue of increasing the length of the program has been discussed and no change is recommended. The impact on the already lengthy wait-list would be considerable, and the niche we provide is basically an introduction to life problems that need to be addressed in community through NADAP, community mental health and community addictions (AFM)

**Action Plan:**

The Addictions CQI Team uses the information collected from surveys to guide Continuous Quality Improvement (CQI) efforts within Rosaire House. Over the past 5 years, although 28% of the clients have stated that the program should be longer, there are still no plans to lengthen the program, as there would still be a negative impact on the waiting list. The waitlist has decreased from 9 to 8 weeks in the past reporting period. We continue to prioritize clients from the NOR-MAN region (65%) and pregnant women (17%)

AREA OF ORIGIN	07/08	08/09	Difference
NOR-MAN RHA	64%	65%	-1%
Rest of northern Manitoba	21%	21%	0%
South of 53 <sup>rd</sup> parallel (Mb)	11%	13%	+2%
Saskatchewan (NRHA catchment)	4%	1%	-3%

**Date:** October 2009  
**Scorecard Area:** RESPONSIVENESS  
**AIM Dimension:** Satisfaction with Services  
**Reporter/ Board End:** Healthy People  
**Source:** Decision Support Home Care CQI

**Reporting Period:** July 2007 – September 2008

**Indicator Name:** Client Satisfaction Experience with Home Care

**Definition:** % clients answering excellent, very good, good, fair, poor or no comment to selected questions on home care survey

**Results:** NRHA Home Care clients were asked to participate in an in-person interview to rate the quality of services being provide by the NRHA with the following results:  
**Interpretation:**

**Rating:** **Green**

Questions	# of Respondents	% Positive	% Negative
Length of time it took to get services started	69	95.7%	4.4%
Coordination of discharge from hospital to Home Care services	48	91.7%	8.3%
Services from Case Coordinator	61	62.3%	37.7%
Services from Resource Coordinator	27	59.3%	40.7%
Services by Home Care Staff - Meal preparation	36	94.4%	5.6%
Services by Home Care Staff - Household Maintenance	49	98.0%	2.0%
Services by Home Care Staff - Essential Laundry	21	81.0%	19.0%
Services by Home Care Staff - Personal care	38	92.1%	7.9%
Services by Home Care Staff - Respite	Suppressed	75.0%	25.0%
Services by Home Care Staff - Nursing services	39	97.4%	2.56%
Services by Home Care Staff - Overnight care	Suppressed	100%	
Promptness of Home Care staff	75	96.0%	4.0%
Reliability of Home Care staff	74	96.0%	4.0%
Presentation of Home Care staff	76	96.1%	3.9%
Knowledge of Home Care staff	76	90.8%	9.2%
Home Care Office hours	74	95.9%	4.1%
My services encourage me to be independent	74	85.1%	14.9%
Awareness of NRHA Complaint/Compliment form	64	29.7%	70.3%

Adult Survey Response rate = 24.4% (77/315) Female Response Rate = 69% / Male Response Rate = 31%  
 Response Rates by community: Flin Flon/Channing 57%, Schist Lake 10%, Snow Lake 17% and The Pas 16%

### NOR-MAN Regional Health Authority Quality Scorecard: Responsiveness (October 2009)

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Overall positive survey highlights include the following:

- Overall, the majority of clients receiving services are most appreciative of the service.
  - “It is a wonderful program which enables us to remain independent with minimal assistance in our home.”
  - “It is a cost effective program that enables me to remain at home and not go to a Personal Care Home.”
- NRHA is innovative and has developed solutions to address the unique challenges within the region.
- Client / family caregiver appreciate the ability that the program and staff give them to be empowered, allowing them to participate, implement and evaluate their care needs - by providing independence.

Identified areas of concerns from the survey included:

- Need for more contact time with the Case Coordinators.
- Unclear of the role and responsibility of the Resource Coordinator - need for the Resource Coordinator to check on their workers more often.
- Staffing hours assigned to each client.
- Replacement workers/changing staff members and understanding of the approved services provided.

Data limitation for this survey is noted.

**Action Plan:**

The Seniors Team/Home Care Program is using the survey results in their ongoing continuous quality improvement initiatives.

The NRHA expects to conduct a revised survey with the survey methodology being changed from a census survey style to a geographic representative sampling method. We anticipate this process to occur in a couple of years

Continue to evaluate programs and services using discharge interview data during the off survey years.

<b>Date:</b>	October 2009	<b>Scorecard Area:</b>	RESPONSIVENESS
<b>AIM Dimension:</b>	Satisfaction with Services	<b>Reporter/Source:</b>	Palliative Care Program
<b>Board End:</b>	Healthy People		
<b>Reporting Period:</b>	April – September 2009		
<b>Indicator Name:</b>	<b>Hospice and Palliative Care Family Satisfaction Survey Levels</b>		
<b>Definition:</b>	<ol style="list-style-type: none"> <li>1. <b><u>Areas of Excellence</u></b>: Items with &gt;85% who were very satisfied/satisfied</li> <li>2. <b><u>Things we do well</u></b>: Items with 75% to 85% who were very satisfied/satisfied</li> <li>3. <b><u>Areas of Improvement</u></b>: Items with &lt;75% who were very satisfied/satisfied</li> </ol>		
<b>Results: Interpretation:</b>	The 2009 Hospice and Palliative Care Family Satisfaction Surveys results are currently not available.		
<b>Rating:</b>	Black		
<b><u>New Data Not Available</u></b>			
<b>Action Plan:</b>	<p>The Provincial Hospice and Palliative Care Family Satisfaction Survey will continue to be completed every two years. The key area for improvement identified in the 2007 survey - communications with clients and family members continue to be a priority for the NRHA Palliative Care Team.</p> <p>Pain and symptom management education continues to be a high priority within the NOR-MAN region. In the upcoming Accreditation visit for 2011, there is a new standard set for Palliative Care. We will be establishing a Palliative Care CQI team to work on the new standards.</p>		

**NOR-MAN Regional Health Authority Quality Scorecard: Responsiveness (October 2009)**

Ratings: **Blue = Optimal**; **Green = Good Ongoing CQI**; **Yellow = Warning/ Room for Improvement**; **Red = Trouble/ Extensive Work Required**; **Black = In Development/ New Data Not Available** - 9 -

**Date:** October 2009 **Scorecard Area:** RESPONSIVENESS  
**AIM Dimension:** Satisfaction with Services **Reporter/Source:** Support Services  
**Board End:** Healthy People

**Reporting Period:** April 2008-March 2009

**Indicator Name:** Support Services Client Satisfaction Acute Care

**Definition:** Comparison of Scores (Actual Score for The Pas and Flin Flon vs. Aarmark Standard Score) on the following areas:

**Results:**  
**Interpretation:**

**Rating:** **Good**

**Warning in specific areas**

Areas of Satisfaction	The Pas Actual Score	Flin Flon Actual Score	Aarmark Standard
Hot Food Temperature	73.5	85	85
Cold Food Temperature	80	92.8	85
Quality of Food	75	87.7	80
Server Courtesy	92	97	80
<b>Overall Food Service Satisfaction</b>	<b>88</b>	<b>94.7</b>	<b>85</b>
Room Cleanliness	90.07	98.9	80
Bathroom Cleanliness	95.2	96.4	80
Frequency of Room Cleaning	90	95.2	80
Timing of Room Cleaning	89	94.4	80
Cleaning Person Courtesy	96.8	93.4	81.8
<b>Overall Housekeeping Satisfaction</b>	<b>93.5</b>	<b>96.6</b>	<b>85</b>
<b>Overall Average</b>	<b>87.5</b>	<b>93.8</b>	<b>85</b>

Overall, food and housekeeping service satisfaction is above the Aarmark standard for acute care facilities.

In The Pas, we had one period of low scoring for hot, cold, and quality of food for the month of June 2008. The following surveys in December and March improved significantly, scoring above standard in December for all 3 categories, and above standard in March for all but hot food. We are receiving more surveys back from customers, and are visiting customers who are having specific issues in an effort to improve our scores in these areas.

Rosaire House client satisfaction has improved since we implemented the regional menu. Score in May 2007 was 63.0%, and in May 2008, the score was 78.6%. May 2009 score was 77.7%.

**Action Plan:** Continue to do temperature test audits on hot and cold food, and continue to respond to patient surveys as soon as negative results are known. Monitor scores.

**Date:** October 2009 **Scorecard Area:** RESPONSIVENESS  
**AIM Dimension:** Satisfaction with Services **Reporter/Source:** Support Services  
**Board End:** Healthy People

**Reporting Period:** April 2008 to March 2009

**Indicator Name:** Support Services Client Satisfaction Long Term Care

**Definition:** Comparison of Scores (Actual Score for Long Term Care facilities vs. Aarmark Standard Score) on the following areas:

**Results:**  
**Interpretation:**

**Rating:** **Good**

**Warning in specific areas**

Areas of Satisfaction	The Pas Actual Score	Flin Flon Actual Score	NLM Actual Score	Aarmark Standard
Hot Food Temperature	84.85	77.6	78.35	85
Cold Food Temperature	86.95	81.8	90	85
Quality of Food	71.6	82.8	85	80
Server Courtesy	92.25	98.45	95	80
<b>Overall Food Service Satisfaction</b>	<b>78.65</b>	<b>96.9</b>	<b>100</b>	<b>85</b>
Room Cleanliness	98.10	96.9	100	80
Bathroom Cleanliness	91.85	98.5	100	80
Frequency of Room Cleaning	95.00	98.5	100	80
Timing of Room Cleaning	93.05	98.5	95	80
Cleaning Person Courtesy	91.85	100	100	81.8
<b>Overall Housekeeping Satisfaction</b>	<b>91.85</b>	<b>98.5</b>	<b>100</b>	<b>85</b>
<b>Overall Average</b>	<b>88.70</b>	<b>93.5</b>	<b>94.85</b>	<b>80</b>

Overall housekeeping service satisfaction levels are above the Aarmark standard for all LTC sites. Overall food service satisfaction is above the Aarmark standard for Flin Flon LTC sites but below for St. Paul's.

Monitoring of meals is ongoing. Many adjustments have been made to the menu in attempt to satisfy customers, and we are working with the Resident Council in a new menu development. We find that menus need to change more frequently in Long Term Care in order to keep customers satisfied, so will continue to work on a new menu, and will continue to monitor meals for temperature and satisfaction.

**Action Plan:** Continue to audit temperatures prior to meal service.

**Date:** October 2009 **Scorecard Area:** RESPONSIVENESS  
**AIM Dimension:** Satisfaction with Services **Reporter/Source:** Decision Support  
**Board End:** Healthy People **Source:** Community CQI

**Reporting Period:** October - November 2008 (four week distribution period)

**Indicator Name:** **Primary Health Care Client Satisfaction Levels**

**Definition:** % clients answering excellent, very good, good, fair, poor or no contact to selected questions on Primary Health Care survey

**Results:** From October 22 – November 19, 2008 a trial run of the Primary Health Care Client Satisfaction Survey was held with limited success. A total to 213 (28%) clients completed the survey compared to Primary Health Care client stats of a minimum of 757 individuals (not all workload stats have been entered into the database) that accessed the Primary Health Care locations during the survey time period. Data limitations for this survey is noted.

**Interpretation:**

**Rating:** **Yellow**

The survey consisted of ten (10) questions for which we asked the client to rate how they felt about the service they had just received. Responses were:

Questions	% Responding Excellent/Very Good
Is the location of the Primary Health Care Centre convenient?	81%
Was it easy to contact the Primary Health Care Centre by telephone?	75%
Length of time you waited for an appointment?	73%
Was your appointment / session scheduled at a convenient time?	77%
Were you greeted and welcomed on arrival?	82%
Length of wait to see a Health Care Provider?	77%
Amount of time spent with the Health Care Provider?	84%
Did you receive an explanation of the service/treatment received?	87%
Was your privacy respected?	89%
How would you rate the overall quality of care and services that you received from the Primary Health Care Centre?	92%

Survey response rate = 28% (213/757)

Female Response Rate = 58%

Of note, 92% of survey respondents rated the overall quality of care and services received from the Primary Health Care Centre as Excellent or Very Good.

**Action Plan:** A presentation and discussion with the Primary Health Care Advocates to review both the distribution methods used and the low survey response rates is being planned. A presentation and discussion with Primary Health Care staff will follow to investigate the reasons for low response rates compared to the number of individuals accessing Primary Health Care Centre services during the survey distribution process. Also a discussion will be held with staff on how to improve both the survey tool and the distribution method.

Distribution of a revised Primary Health Care Client Satisfaction Survey will be scheduled for the spring of 2010 incorporating any required changes. Access database to be revised depending on survey tool changes.

**NOR-MAN Regional Health Authority Quality Scorecard: Responsiveness (October 2009)**

**Ratings:** **Blue = Optimal;** **Green = Good Ongoing CQI;** **Yellow = Warning/ Room for Improvement;** **Red = Trouble/ Extensive Work Required;** **Black = In Development/ New Data Not Available**

**Date:** October 2009 **Scorecard Area:** Responsiveness  
**AIM Dimension:** Availability **Reporter/Source:** Decision Support Services  
**Board End:** Optimal Recovery **Source:** Manitoba Health Table 19A

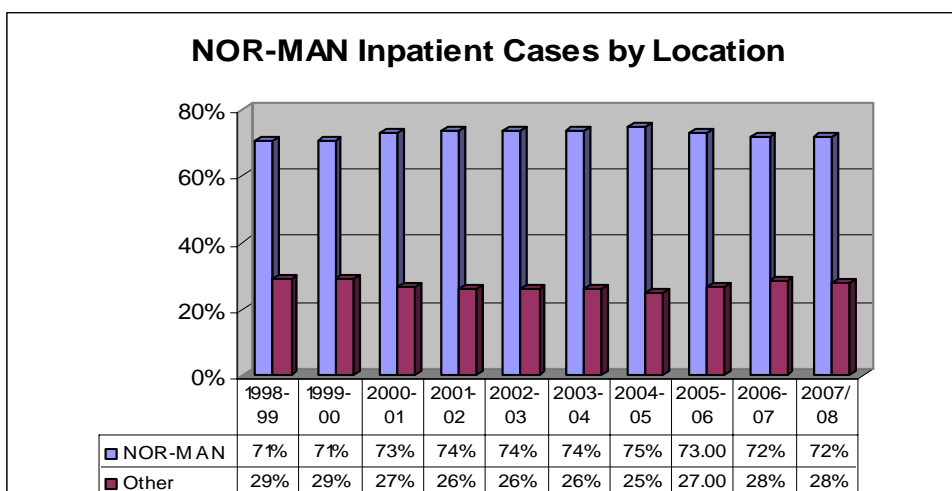
**Reporting Period:** Trend Analysis 1998-99 to 2007-08

**Indicator Name:** % In-patient acute care services being provided in region for NOR-MAN residents

**Definition:** Total # acute care cases provided in region for residents of NOR-MAN  
 Total # acute care cases provided overall for residents of NOR-MAN

**Results:**  
**Interpretation:**

**Rating:** **Good**



In 2007-08, 2,632 in-patient cases (72%) were provided within the region while 1,024 (28%) were provided out of the region. Of the 2,632 cases, 1,917 (73%) occurred at The Pas, 557 (21%) at Flin Flon, 25 (1%) at Snow Lake Health Centre and 133 (5%) at Pukatawagan Nursing Station. Of note, at Flin Flon General Hospital, there were an additional 815 non-resident cases from Saskatchewan which are not accounted for in the above graph.

**Action Plan:** We continue to review those services that residents of NOR-MAN receive outside the region. Each is evaluated as to whether it is feasible to provide within the region and the impact on existing resources (human & financial) of repatriating that service.

**Date:** October 2009 **Scorecard Area:** RESPONSIVENESS  
**AIM Dimension:** Availability **Reporter/Source:** NPTP Program  
**Board End:** Optimal Access

**Reporting Period:** Fiscal Year 2007/08 vs. 2008/09

**Indicator Name:** Northern Patient Travel Program (NPTP) travel by physician specialty

**Definition:** Top 10 referrals for NPTP Travel by Physician Specialty by site

**Results:**  
**Interpretation:**

**Rating:** **Good**

The Pas & Surrounding Area			
2007-08		2008-09	
Total Referrals: 4532		Total Referrals: 4633	
1. Internal Medicine	641 (14%)	Orthopedic	647 (14%)
2. Orthopedic	572 (13%)	Ophthalmology	462 (10%)
3. Ophthalmology	438 (10%)	Cardiology	422 (9%)
4. Oncology	338 (7%)	Internal Medicine	380 (8%)
5. Surgery	332 (7%)	Oncology	379 (8%)
6. Cardiology	319 (7%)	Surgery	326 (7%)
7. Neurology	268 (6%)	Endocrinology	253 (5%)
8. Gynecology	240 (5%)	Gynecology	213 (5%)
9. Endocrinology	198 (4%)	Neurology	209 (5%)
10. Respiratory	170 (4%)	Obstetrics	195 (4%)
Flin Flon & Surrounding Area			
2007-08		2008-09	
Total Referrals: 4240		Total Referrals: 3048	
1. Internal Medicine	682 (16%)	Internal Med	740 (24%)
2. Orthopedics	630 (15%)	Orthopedic	568 (18%)
3. Oncology	337 (8%)	Oncology	354 (12%)
4. Renal	291 (7%)	Ophthalmology	271 (9%)
5. Cardiology	258 (6%)	Surgery	259 (8%)
6. Ophthalmology	237 (6%)	Renal	236 (8%)
7. Diagnostics	237 (6%)	Cardiology	194 (6%)
8. Surgery	212 (5%)	Gynecology	180 (6%)
9. Neurology	190 (4%)	Dialysis	156 (5%)
10. Gynecology	140 (3%)	Neurology	146 (5%)

In 2008-09, there were 7,681 NPTP referrals by Physician Specialty. Overall, the top NPTP referrals in NOR-MAN for in the last reporting period were as follows:

1. Orthopedics (1215 or 16%)
2. Internal Medicine (1120 or 15%)
3. Ophthalmology (733 or 10%)
4. Oncology (733 or 10%)
5. Surgery 685 (9%)
6. Cardiology 616 (8%)

**Action Plan:** Continue to monitor and investigate opportunities to provide itinerant specialty services in the region and/or telehealth opportunities for high demand areas.

**NOR-MAN Regional Health Authority Quality Scorecard: Responsiveness (October 2009)**

**Ratings:** Blue = Optimal; Green = Good Ongoing CQI; Yellow = Warning/ Room for Improvement; Red = Trouble/ Extensive Work Required; Black = In Development/ New Data Not Available

**Date:** October 2009 **Scorecard Area:** RESPONSIVENESS  
**AIM Dimension:** Availability **Reporter/Source:** NPTP Program  
**Board End:** Optimal Access

**Reporting Period:** Fiscal Years 2007/08 vs. 2008/09

**Indicator Name:** Northern Patient Transport Program travel by Diagnostic Category

**Definition:** Top 10 NPTP travel by Diagnostic Category by site

**Results:**  
**Interpretation:**

**Rating:** **Good**

The Pas & Surrounding Area			
2007-08		2008-09	
Total Referrals: 841		Total Referrals: 706	
1. Eye Pressures	113 (13%)	Mammogram	103 (16%)
2. MRI	92 (11%)	Ultrasound	63 (9%)
3. Mammogram	81 (10%)	MRI	61 (9%)
4. Ultrasound	61 (7%)	Chemotherapy	48 (7%)
5. Colonoscopy	55 (7%)	Colonoscopy	44 (6%)
6. IVP	40 (5%)	CT	41 (6%)
7. X-rays	40 (5%)	X-rays	38 (5%)
8. CT	39 (5%)	Echocardiogram	35 (5%)
9. Allergy Test	28 (3%)	Pacemaker	29 (4%)
10. Pacemaker	28 (3%)	Bone Scan	29 (4%)
Flin Flon & Surrounding Area			
2007-08		2008-09	
Total Referrals: 685		Total Referrals: 668	
1. CT Scan (The Pas)	196 (29%)	CT: The Pas	168 (25%)
2. MRI	64 (9%)	Mammogram	68 (10%)
3. Mammogram	54 (8%)	MRI	67 (10%)
4. Ultrasound	46 (7%)	Ultrasound	43 (6%)
5. Colonoscopy	42 (6%)	Chemotherapy	35 (5%)
6. Pacemaker	27 (4%)	Colonoscopy	31 (5%)
7. Angiogram	21 (3%)	Bone Scan	22 (3%)
8. Biopsy	20 (3%)	EKG	22 (3%)
9. Echocardiogram	20 (3%)	Radiation	21 (3%)
10. X-rays	16 (2%)	Pacemaker ,CT Other	19 (3%)

Overall, in 2008-09, there were 1,374 referrals for diagnostic procedures. Prior to the CT Scanner in The Pas, CT scans were the top Diagnostic procedure for NPTP travel in NOR-MAN accounting for 24% of all warrants in 2002-03 in The Pas and 20% in Flin Flon. Referrals out of region for CT are now at 6% for The Pas and 3% in Flin Flon. In Flin Flon, the highest diagnostic referral was for CT referrals to The Pas at 25% followed by MRI and Mammography at 10% and Ultrasound at 6%. In The Pas, the highest diagnostic referral was for Mammography at 16% followed by Ultrasound and MRI at 9%.

**Action Plan:** From the data we have to date, it is clearly showing that the CT machine has had a large impact on NPTP travel. Continue to monitor and investigate potential opportunities to provide diagnostic services in the region where feasible.

**NOR-MAN Regional Health Authority Quality Scorecard: Responsiveness (October 2009)**

Ratings: **Blue = Optimal;** **Green = Good Ongoing CQI;** **Yellow = Warning/ Room for Improvement;**  
**Red = Trouble/ Extensive Work Required;** **Black = In Development/ New Data Not Available**

**Date:** October 2008 **Scorecard Area:** RESPONSIVENESS  
**AIM Dimension:** Availability **Reporter/Source:** MB Telehealth  
**Board End:** Optimal Access

**Reporting Period:** April 2007 to March 2008

**Indicator Name:** **Telehealth Network Unavailability**

**Definition:** Actual number of appropriate network bookings declined due to network unavailability, by reason (equipment, staffing or network limitations)

**Results:**  
**Interpretation:**

Site	Equipment not available	MCU at Capacity	Staff not available	Other
<b>Network overall</b>	Network stats unavailable	0	0	0
<b>Flin Flon</b>	0	0	0	0
<b>The Pas</b>	0	0	0	1

**Rating:** **Black**

**Data No Longer Available**

No new data available. This indicator is no longer tracked by MB Telehealth.

**Action Plan:**

This indicator will no longer be reported. A new indicator relating to responsiveness of the Telehealth program will be developed.

**Date:** October 2009 **Scorecard Area:** RESPONSIVENESS  
**AIM Dimension:** Availability **Reporter/Source:** Diabetes Education  
**Board End:** Optimal Access

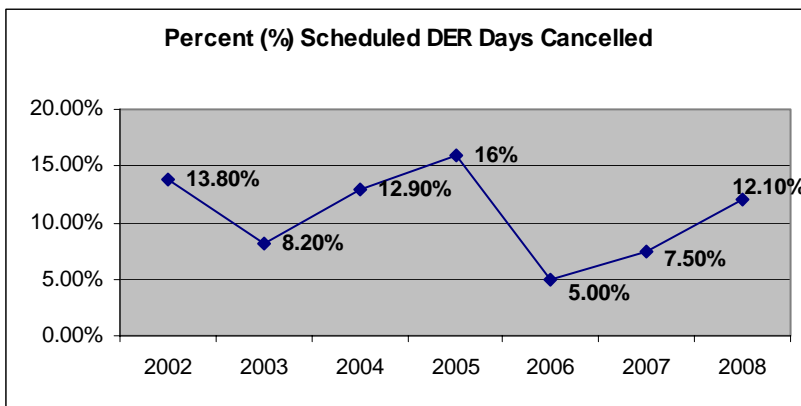
**Reporting Period:** Trend Analysis 2001 – 2008

**Indicator Name:** % of Scheduled Diabetes Education Resource (DER) Client Days in Outlying Areas cancelled; by reasons

**Definition:**  $\frac{\text{Total \# of scheduled client days cancelled}}{\text{Total \# of scheduled client days}}$  & % by reason

**Results:**  
**Interpretation:**

**Rating:** **Good**



Overall, 87.9% of planned programming in outlying communities was completed. Of those cancelled, 4.8% were due to weather while the remaining 7.3% were cancelled by the Nursing Station for a variety of reasons.

**Action Plan:** Continue to monitor. Continue to work with Nursing Stations and Health Centres to reduce the number of cancellations.

**Date:** October 2009      **Scorecard Area:** RESPONSIVENESS  
**AIM Dimension:** Availability      **Reporter/Source:** Diabetes Education Resource (DER)  
**Board End:** Optimal Access

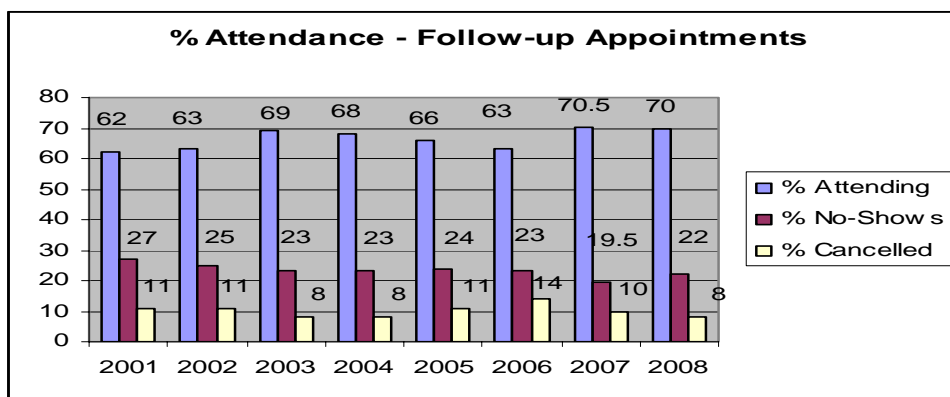
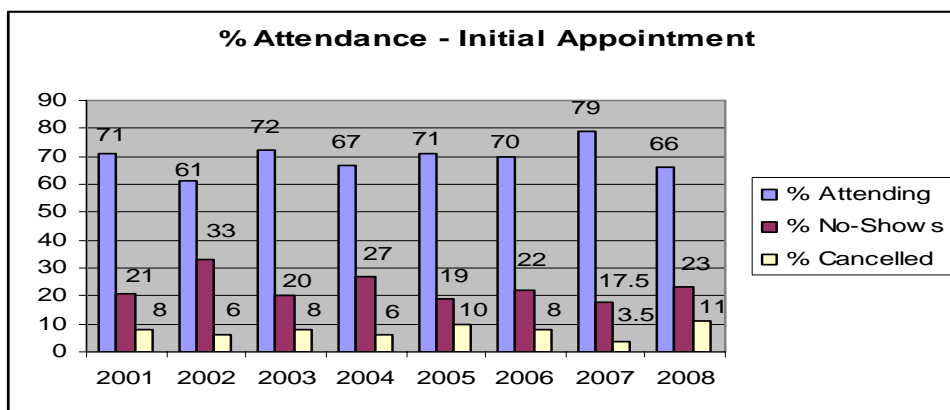
**Reporting Period:** Trend Analysis 2001 to 2008

**Indicator Name:** % attendance, no-shows and cancelled appointments for Diabetes Education Resource (Initial and Follow-up)

**Definition:** % attending =  $\frac{\# \text{ attendance}}{\text{total} \# \text{ booked}}$     % no shows =  $\frac{\# \text{ of no-shows}}{\text{total} \# \text{ booked}}$     % cancelled =  $\frac{\# \text{ canceling}}{\text{total} \# \text{ booked}}$

**Results:**  
**Interpretation:**

**Rating:** **Good**



In 2008, there were 266 initial appointments and 773 follow-up appointments scheduled. Of scheduled initial appointments, 66% were attended, 23% were “no-shows” and 11% were cancelled. While the percentage of those attending an initial appointment was down from the preceding year, it is consistent with average attendance rates over the past 10 years. For follow-up appointments-70% attended, 22 % were “no-shows” and 8% cancelled. This was similar to the previous year rate.

**Action Plan:** Continue to work with communities and clients to increase percentage of clients attending initial appointments and follow-up education visits.

<b>Date:</b>	October 2009	<b>Scorecard Area:</b>	RESPONSIVENESS
<b>AIM Dimension:</b>	Accessibility	<b>Reporter/Source:</b>	Primary Health Care Database
<b>Board End:</b>	Optimal Access		NRHA
<b>Reporting Period:</b>	Data not available		
<b>Indicator Name:</b>	<b>Primary Health Care Utilization Indicators</b>		
<b>Definition:</b>	PHC Utilization Indicator definitions to be developed.		
<b>Results:</b>			
<b>Interpretation:</b>			
<b>Rating:</b>	Black		
<b><u>In Development</u></b>			
<b>Action Plan:</b>	Development of Primary Health Care utilization indicators		

**Date:** October 2009 **Scorecard Area:** RESPONSIVENESS  
**AIM Dimension:** Accessibility **Reporter/Source:** MB Cancer Care Registry  
**Board End:** Optimal Access

**Reporting Period:** 1999/2000 – 2008/2009

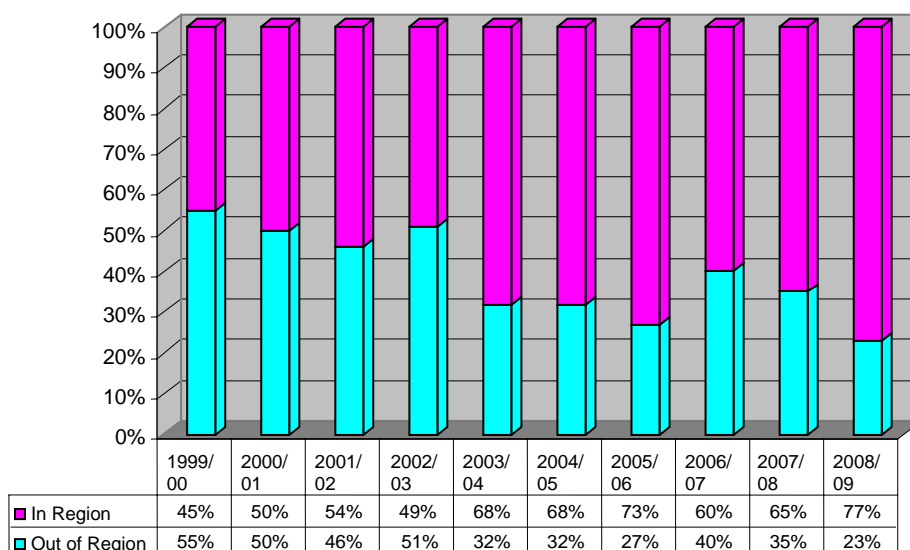
**Indicator Name:** % of NOR-MAN residents receiving Cancer treatment in region

**Definition:** 
$$\frac{\text{Total \# of NOR-MAN Residents receiving Cancer treatment, in region}}{\text{Total \# of NOR-MAN Residents receiving Cancer treatment, any site}}$$

**Results:**  
**Interpretation:**

**Rating:** **Good**

**Where NRHA Residents receive Cancer Treatment**



Cancer Care Manitoba determines the feasibility of any resident receiving chemotherapy in their home region. It depends on the type of therapy, the patients overall condition, etc. The NRHA has a strong community-based Chemotherapy program in the region and where possible, residents of the region appreciate the opportunity to receive treatment without having to travel. During the 2008/09 fiscal year, 77% of NOR-Man cancer patients were able to receive their treatment within the region (157 Chemo sessions were provided in Flin Flon and 134 in The Pas).

**Action Plan:** To continue to monitor.

**Date:** October 2009 **Scorecard Area:** RESPONSIVENESS  
**AIM Dimension:** Accessibility **Reporter/Source:** Provincial Dialysis Program  
**Board End:** Optimal Access

**Reporting Period:** As of September 2009

**Indicator Name:** Access to Dialysis in region

**Definition:** -# of individuals presently being treated in region/ total # able to be treated given current staffing levels.  
 -# of individuals not able to receive treatment in requested NRHA location

**Results:**  
**Interpretation:**

	# of Patients/ Total Potential	# NRHA Residents receiving treatment not in preferred location
The Pas	25/32	0
Flin Flon	8/8	0

**Rating:** **Green**

The Provincial Dialysis Program guarantees that a MB resident will receive dialysis in Manitoba but not necessarily at a local center in their region. Patients must meet certain criteria in order to be considered for a local center. As dialysis spots become open, each is filled based on the Nephrologist's decision.

The Flin Flon Dialysis Capital Project was completed in February 2006. Dialysis department relocated to the 4<sup>th</sup> floor and includes 4 stations. The Flin Flon program operates to full capacity with 4 stations, (8 patients, 3 times per week). The Pas Dialysis Capital Project began in October 2007 with substantial completion March 17, 2008 and first Dialysis day being April 14, 2008. Dialysis department was relocated to the third floor with the number of stations increased from 4 to 10 stations.

Our dialysis unit in The Pas is now staffed for 32 patients. We are at 24 patients with no one on the wait list at this point.

**Action Plan:** Although not urgent as we have no waitlist, we will continue to recruit a final EFT nurse to work in the Dialysis program in The Pas. Once recruited, the nurse will be required to attend training in Winnipeg and then we will be in a position to open to 40 patients if wait list warrants.

<b>Date:</b>	October 2009	<b>Scorecard Area:</b>	RESPONSIVENESS
<b>AIM Dimension:</b>	Accessibility	<b>Reporter/Source:</b>	Home Care CQI Team
<b>Board End:</b>	Optimal Access		

**Reporting Period** April 1, 2008 to March 31, 2009

**Indicator Name:** % Home Care requests fielded in 48 hours (2 working days)  
 % of Services implementations not completed within 48 hours

**Definition:** # of new Home Care referrals fielded in 48 hours  
 Total # of new Home Care referrals

# of service implementations **not** completed within 48 hours  
 # of new Home Care referrals fielded in 48 hours

**Results Interpretation:** New Home Care requests fielded in 48 hours =  $\frac{150}{232} = 65\%$

Service implementations not completed within 48 hours =  $\frac{32}{150} = 23\%$

**Rating:** **Warning**

As of March 31, 2009, Home Care caseload was 407. In 2008-09, there were 232 new referrals to Home Care. Of the new referrals, 65% were fielded in 48 hours, a decrease of 2% from 2007-08 (67%). Of the new Home Care referrals that were fielded with 48 hours, the percentage of Service Implementations not completed within 48 hours was 23%, the same percentage as in 2007-08. The difficulty that is being experienced by Home Care is the inability to recruit and retain Direct Service Workers despite ongoing recruitment attempts.

**Action Plan:** Continue to monitor. NOR-MAN RHA signed a MOU in 2008 and 2009 with the MGEU collective agreement establishing a variety of FTE's for Health Care Aides, Mental Health Proctors and Home Support. This transition for casual to permanent status of staff has been a work in progress for a number of years. We hope this significant change in status will enable us to recruit and retain staff and thus improve our ability to provide services. The Home Care CQI Team has an Employee Recruitment Retention and Conversion sub committee and they are looking at creative ways to recruit and retain staff. Three 0.5 EFT On-Call Workers were created in The Pas and 3 in Flin Flon in response to after hours replacement calls.

**Date:** October 2009 **Scorecard Area:** RESPONSIVENESS  
**AIM Dimension:** Accessibility **Reporter/Source:** NRHA  
**Board End:** Optimal Access

**Reporting Period:** 2007 vs. 2008

**Indicator Name:** Itinerant Clinic Service Days

**Definition:** # of itinerant clinic service days provided in region by clinic area, separated by allied health professionals & physician service days.

**Results:**  
**Interpretation:**

**Rating:** **Good**

Clinic	2007		2008	
	PD	AHD	PD	AHD
Orthotics (The Pas)	8	19	12	24
Psychology	8		21	
Psychiatry	31		54	
Breast Screening		36		46
Neurology (Flin Flon)	3		0	
Child Development (The Pas)	3		3	
Endoscopy (The Pas)				
Internal Medicine (Flin Flon)	15		15	
Surgical Program (Flin Flon)			30	
Pediatric Dental (Flin Flon)			10	

*PD = Physician Days AHD = Allied Health Days*

In 2008-09, we offered a total of 155 physician days and 70 allied health days for specialty clinics. NRHA attempts to offer a number of itinerant clinic days in the region. The availability of these services in the region not only saves NPTP dollars, but also provides the opportunity for residents to access services locally which in the past they would have had to travel to obtain the required service.

Telehealth is also used as a clinical application for a number of areas including areas such as dermatology, wound care, pre and post surgical consultations, FAS/D diagnostic assessments, Mental Health and Pediatric Diabetes education and follow-up.

**Action Plan:** Continue to review those services that residents of NOR-MAN receive outside the region. These services need to be evaluated to determine whether it is feasible to provide within the region and the impact on existing resources (human & financial) of repatriating that service.

**Date:** October 2009 **Scorecard Area:** RESPONSIVENESS  
**AIM Dimension:** Accessibility **Reporter/Source:** Diagnostic Imaging  
**Board End:** Optimal Access

**Reporting Period:** 2005-06 to 2008-09

**Indicator Name:** CT Examinations Utilization by Category

**Definition:** # and % of CT Examinations by Category by Month (In-Patients, Emergency, Referrals)

**Results:**  
**Interpretation:**

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

**Rating:** **Good**

There were 2883 CT examinations in 2008-09 (241 monthly average) was a 3% increase from 2007-08. The majority of CT scans were by referrals at 87%.

At present, wait list for a CT is 2 weeks, which is well below the MB average of 6 weeks.

**Action Plan:** Continue to monitor.

<b>Date:</b>	October 2009	<b>Scorecard Area:</b>	RESPONSIVENESS
<b>AIM Dimension:</b>	Accessibility	<b>Reporter/Source:</b>	Retinal Screening Vision Program
<b>Board End:</b>	Optimal Access		

**Reporting Period:** January 1 to December 31, 2008

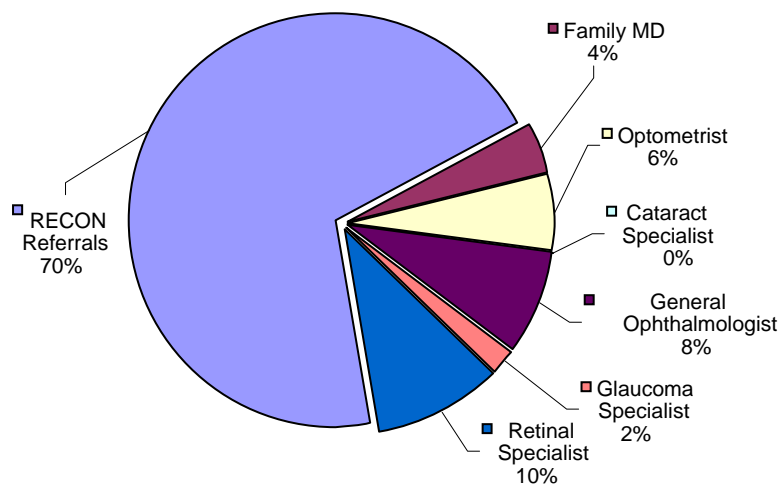
**Indicator Name:** % of Retinal Screening Referrals by Referral Specialty Type

**Definition:** Total # of NOR-MAN clients referred by type  
Total # of NOR-MAN clients screened

**Results Interpretation:**

**Rating:** **Good**

**Distribution of Retinal Specialist Referral for MRSVP NOR-MAN 2008**



In January 2007, the Manitoba Retinal Screening Vision Program (MRSVP), a wait time initiative was undertaken. The program initially focused on Flin Flon and The Pas. To date, we have done screenings in The Pas, Flin Flon, Channing, Cormorant, Wanless, Cranberry Portage, Sherridon, Grand Rapids, Easterville, Moose Lake and Snow Lake. Through funding provided by FNIHB, the MRSVP has been able to extend regular services to the First Nation communities of Mosakahikan Cree Nation, Opaskwayak Cree Nation, Chemawawin Cree Nation, and Misipawistik Cree Nation.

From January to December 2008, a total of 453 clients were screened. Of those screened 30 (10%) were referred to Retinal Specialists, 6 (2%) to Glaucoma Specialists, 26 (8%) to General Ophthalmologists, 20 (6%) referred directly to an Optometrist, and 12 (4%) referred to their Family Physician. All clients screened will be screened again in 12 months from time of initial screening. We are continuing to contact those diagnosed with diabetes to set appointments for initial screening.

**Action Plan:**

This project originally set to end March 31, 2009, is currently awaiting an announcement on the possible extension of the project for another year.

The Retinal Screening Nurse to continue to work closely with both the NRHA Regional Diabetes Program and the Diabetes Integration Program to ensure comprehensive diabetes/chronic disease care for all clients.

**Date:** October 2009 **Scorecard Area:** RESPONSIVENESS  
**AIM Dimension:** Timeliness **Reporter/Source:** Manitoba Wait Time Information  
**Board End:** Optimal Access **Source:** Departments listed below  
**Reporting Period:** As of August 2009  
**Indicator Name:** Average wait times and/or wait lists for specific departments  
**Definition:** Average wait time and wait list size for specific departments:

**Results:****Interpretation:**

**Rating:** **Good**  
**Warning**

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

**NOR-MAN Regional Health Authority Quality Scorecard: Responsiveness (October 2009)**

Ratings: **Blue = Optimal;** **Green = Good Ongoing CQI;** **Yellow = Warning/ Room for Improvement;**  
**Red = Trouble/ Extensive Work Required;** **Black = In Development/ New Data Not Available**

**Action Plan:**

Recruitment of qualified allied health professionals continues to be a priority for the NRHA. The NRHA continues to seek out itinerant specialist and telehealth opportunities to assist in reducing waitlists where vacancies exist. Continue to monitor waitlists for selected program areas.

**Areas of Note:**

**Physiotherapy** – The wait days in The Pas are up slightly from last year. The demands on the department have been increasing. From March 2007 to April 2008, there were received 350 out-patient referrals, and from March 2008 to April 2009, it increased to 527 referrals.

**Mental Health** - Since the last Scorecard, we have successfully recruited into our vacant Child and Adolescent Mental Health program in both Flin Flon and The Pas. However, we subsequently experienced a vacancy in The Pas due to a maternity leave and to date have not been able to replace that staff member with a term position. We currently have no wait list in Flin Flon but do have a 3-4 week wait time for initial assessment in The Pas. We have been meeting regularly, three times per year with representatives and service providers in our partner agencies in the care of children, including schools, child protection services and alternate providers such as Macdonald Youth Services. With their input, we have developed a new Intake/Referral form to streamline the process and reduce the number of referrals that would be best served by an alternate service. The most exciting new development however, is the implementation of a new position, Mental Health Clinician – Intake. The position will be situated in The Pas and the role will be to receive all new referrals for service for the Child and Adolescent program, conduct the initial assessment and direct the case to the most appropriate provider. The goal is to have the Mental Health Clinicians see only those children in need of psychiatric mental health services and to redirect those best served by an alternate provider to the most appropriate service in the shortest time frame.

**Audiology** – Ongoing attempts to recruit an Audiologist have been unsuccessful. We now have an individual who may be interested in the position and are hopeful to have the position filled by January 2010. In the interim, we have accessed itinerant Audiologists to come to the region to provide services. There has been no service since June 2009 so the wait list has increased to 71 clients awaiting service.

**Speech Language** – We have an active pre-school Speech Language therapy program in place. Wait times have increased since the last reporting period. In the past, the Speech Language Pathologist attempted to do an initial assessment of all clients on the wait list in a timelier fashion. The problem was that her caseload became too large to be able to manage follow-up care effectively. Wait time has increased but she is able to manage those on her caseload better and provide more appropriate follow-up care and treatment. A new training program will be implemented in the fall of 2009 for Early Childhood Educators/ Day Care providers. This program will provide speech language training and skills to work with children in the day care environments. An adult/ geriatric Speech Language Pathologist position is still an area of need that we continue to identify as a new initiative.

**Diabetes Education Resource** – Wait times to see the Regional Diabetes Program is less than in most areas of the province. Wait time in the larger communities is two weeks, with urgent referrals scheduled within a week. In out-lying communities, clinics are scheduled every 6 weeks. Urgent referrals from out-lying areas can be scheduled in the larger communities within two weeks.

**Rosaire House** – The wait list remained about the same during this past year but the length of time they had to wait was reduced by an average of 2 weeks. Much of this is due to aggressive follow-up by our team leader when clients do not show up or cancel.

**Long Term Care** – In Flin Flon, a number of clients could be managed in the community versus a PCH placement if alternative housing with 24 hour Home Care support was made available. However, Home Care does not have the resources to provide 24 hour home care in individual homes. All LTC beds are fully occupied in the region at the present time.

**Date:** October 2009 **Scorecard Area:** RESPONSIVENESS  
**AIM Dimension:** Accessibility **Reporter/Source:** Rosaire House  
**Board End:** Optimal Access

**Reporting Period:** 2007-08 vs. 2008-09

**Indicator Name:** Rosaire House Utilization Indicators

**Definition:** Occupancy Rate  
 # of new admissions  
 Of new admissions, % of admissions by various breakdowns  
 Average of clients

**Results:**

**Interpretation:**

**Rating:** **Good**

Rosaire House Utilization Indicators	07-08	08-09
Occupancy Rate	80%	80%
# of new admissions	207	208
# non-admissions	326	345
% not completing rehab	24%	24%
% of admissions female	47%	49%
% of female clients who are pregnant	16%	17%
% stating gambling dependency	22%	29%
% of CODI referrals	61%	51%
% of clients from NOR-MAN	64%	65%
% of clients from rest of northern MB	21%	21%
% of clients from south of 53 <sup>rd</sup>	11%	13%
% of clients from Saskatchewan (Norman area)	4%	1%
Average age – male clients	36	37
Average age – female clients	31	33

NOR-MAN RHA is the only RHA in Manitoba to operate an Addictions Treatment Centre. In 2008-09, the occupancy rate remained at 80% and the percentage of clients not completing rehab remained stable at 24%. Of the clients, 65% are from NOR-MAN area. 49% of clients were females of which, 17% were pregnant. The average age of clients is 37 years for males and 33 for females. The percentage of clients stating a gambling dependency was 29%. The percentage of clients with a co-occurring disorder was 51%.

**Action Plan:** Continue to monitor.

**Date:** October 2009 **Scorecard Area:** RESPONSIVENESS  
**AIM Dimension:** Timeliness **Reporter/Source:** EMS  
**Board End:** Quality of Care

**Reporting Period:** January 1 to December 31, 2008

**Indicator Name:** EMS Response Averages

**Definition:** Average Dispatch to Enroute Time (mm:ss), in Town (First Unit)  
 Enroute to Arrival Time, In Town  
 Dispatch to Arrival Time, In Town

**Results:**  
**Interpretation:**

**Rating:** **Green**

EMS Response Averages 2009	The Pas	Flin Flon
Dispatch to Enroute Time, In Town	01:56	03:58
Enroute to Arrival Time, In Town	03:35	06:58
Dispatch to Arrival Time, In Town	05:31	10:56

The goal in Manitoba for “Dispatch to Arrival Time, in Town limits” is arriving in 8 minutes, 90% of the time. The Pas has exceeded the provincial target and Flin Flon was slightly higher than the province target.

In The Pas, EMS responded to 1827 calls of which 1155 (63%) were primary calls and 672 were transfers. In Flin Flon, EMS responded to 1203 calls of which 533 (44%) were primary calls and 670 were transfers. In Grand Rapids, there were 297 calls of which 110 (37%) were primary calls and 187 were transfers. In Cranberry Portage, there were 122 of which 121 (99%) were primary calls and 1 transfer. The number of EMS calls increased in The Pas from 1767 in 2007 to 1827 calls in 2008. In Flin Flon, there was a slight increase in calls from 1198 in 2007 to 1203 in 2008.

**Action Plan:** The above indicator, EMS Response Average will no longer be available in the future. The MB Health data base is corrupt and can no longer be used. We now are obtaining our data from the Provincial MTCC Dispatch, which is hard to interpret. A new database is currently awaiting funding provincially. We will investigate a new EMS indicator for future scorecards that will monitor EMS responsiveness.

**Date:** October 2009 **Scorecard Area:** RESPONSIVENESS  
**AIM Dimension:** Timeliness **Reporter/Source:** CIHI eCHAP  
**Board End:** **Source:** CHAP 1 Report  
**Reporting Period:** Trend Analysis 2000/01 to 2006/07

**Indicator Name:** **Average Length of Stay (ALOS) for NOR-MAN Acute Care Facilities**

- **Typical Case** - A patient who receives a course of treatment in a single institution and is discharged.
- **Average Typical LOS** - the average length of stay for all typical cases. The average is rounded to one decimal place. The calculation is: the sum of the total length of stay for typical cases/the count of typical cases with a valid length of stay
- **Average Typical ELOS** - the CIHI average Expected Length of Stay for all typical hospital cases. The average is rounded to one decimal place. The calculation is: the sum of the total ELOS for typical cases/total count of typical cases.

**Results:**  
**Interpretation:**

**Rating:** **Good**

Typical Cases	Snow Lake Health Centre		Flin Flon General Hospital		The Pas Health Complex	
	Avg	Expected	Avg	Expected	Avg	Expected
2001/02	3.2	4.0	3.2	3.0	2.8	3.0
2002/03	2.8	3.8	3.3	3.0	2.7	2.9
2003/04	4.6	4.1	3.2	3.0	3.0	3.3
2004/05	3.6	5.0	3.2	3.0	3.0	3.1
2005/06	3.4	4.6	3.3	3.1	3.1	3.3
2006/07	3.5	4.3	3.3	3.1	3.3	3.6
2007/08	3.6	4.3	3.5	3.3	3.1	3.5
2008/09	1.7	3.6	3.3	3.1	2.9	3.3

During the 2008/09 reporting year we have seen the length of stay in NRHA facilities for typical acute admissions drop and in both Snow Lake and The Pas the average length of stay are lower then the expected Average Length of Stay.

**Action Plan:** The Regional Utilization committee will continue to monitor

**Date:** October 2009 **Scorecard Area:** RESPONSIVENESS  
**AIM Dimension:** Continuity **Reporter/Source:** Addictions CQI  
**Board End:** Healthy People **Source:** Rosaire House

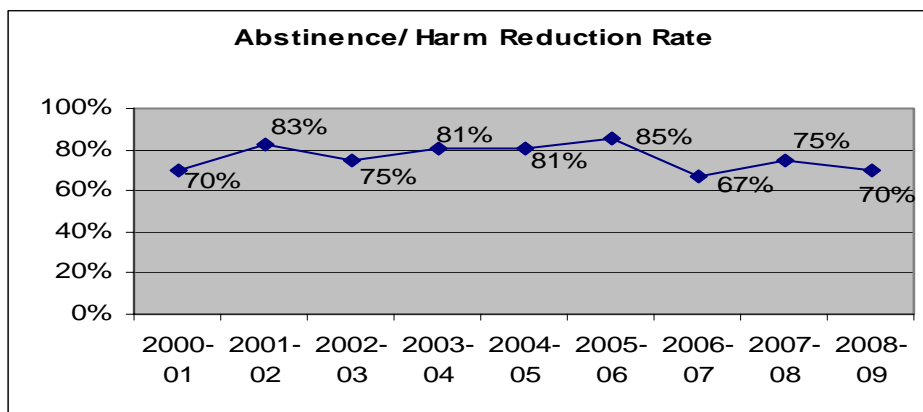
**Reporting Period:** Trend Analysis 2000-01 to 2008-09

**Indicator Name:** **Rosaire House One Month Follow-up Evaluation: Harm Reduction Rates**

**Definition:** % of clients who reported reduced intake level at one-month follow-up from Rosaire House treatment program

**Results:**  
**Interpretation:**

**Rating:** **Good**



The best practice philosophy for Addiction Services moved from abstinence to harm reduction in the early 1990's. This graph shows that during the nine year time period, an average of 76% of Rosaire House clients have improved their relationships and general life performance by reducing their use of addictive substances or practices (eg. Gambling). In 2008-09, the rate was slightly below the benchmark level at 70%.

Most of the clients who come here have lived in environments where addictive behaviours are the norm. They are learning more responsible ways in which to behave and more positive approaches to handling their problems. When the philosophy was 'abstinence only', there was only a pass/fail perspective and no smaller improvements were noted. Clients are feeling less guilty and more positive about their efforts with the changes that have taken place since 2000.

**Action Plan:** The mandate of the centre is always to meet the client where he or she is at in their lives. Our vision statement flows from that of the Regional Health Authority. We no longer focus on whether or not clients have stopped their addiction, but whether or not they have found some skills, other than addictive behaviours, to improve their lives.

With the best interest of the client in mind, Rosaire House staff in partnership with community organizations will continue to try and provide aftercare and follow-up support to our clients as staff resources permit.

**Date:** October 2009  
**Scorecard Area:** RESPONSIVENESS  
**AIM Dimension:** Continuity  
**Reporter/Source:** Addictions CQI  
**Board End:** Healthy People  
**Source:** Rosaire House

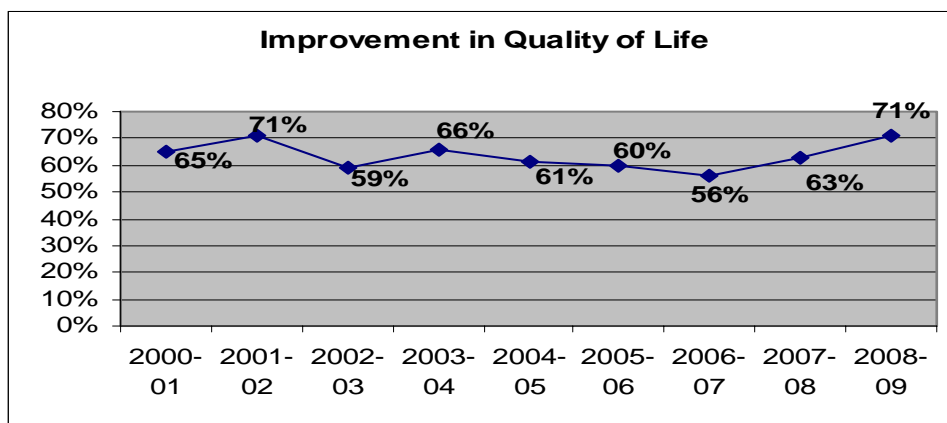
**Reporting Period:** Trend Analysis 2000-01 to 2008-09

**Indicator Name:** Rosaire House One-month Follow-up Evaluation: Improvement in Quality of Life

**Definition:** % of clients who reported improved quality of life at one-month follow-up from Rosaire House treatment program

**Results Interpretation:**

**Rating:** **Good**



The benchmark for this indicator since 2000 is 64%, meaning that 64% of clients completing the program are reporting a more positive impact on quality of life at time of follow-up. In 2008-09, the rate was above the benchmark level at 71%

During the year, staff has continued to respond to requests for program changes to address needs clients are currently facing. Feedback from our clients was reviewed in the past year and new material is being developed to meet those expressed needs. Priority for the upcoming years is the need for culturally appropriate session material.

**Action Plan:** See previous indicator for comments and action plan.

**Date:** October 2009 **Scorecard Area:** RESPONSIVENESS  
**AIM Dimension:** Continuity **Reporter/Source:** Home Care CQI Team  
**Board End:** **Reporting Period:** January to June 2009

**Indicator Name:** Home Care On-Call Replacement Worker, % by reason

**Definition:** # of Home Care on-call replacement calls by reason  
 Total # of on-call replacement calls

**Results:**  
**Interpretation:**

**Rating:** **Good**

	The Pas	Flin Flon	Regional
<b>Sick Replacement</b>	54%	56%	55%
<b>Call From Hospital Emergency Staff</b>	0%	0%	0%
<b>Family Sick/ Death/ Emergency</b>	13%	13%	13%
<b>Scheduling Error</b>	2%	0%	1%
<b>Clients Family Canceling</b>	1%	2%	1%
<b>RN/LPN Canceling/Reinstating Service</b>	0%	0%	0%
<b>Other i.e. Wrong #/ Hang-ups</b>	4%	0%	2%
<b>DSW not available</b>	16%	14%	15%
<b>DSW forgot to go to assignment</b>	4%	1%	2%
<b>Call for Direction</b>	5%	11%	8%
<b>Weather Conditions</b>	1%	3%	2%

Regionally, the on-call charts show decreases in two areas. 'DSW not available' has decreased by 8% in 2009 from 23% in 2008 and 'Sick Replacement' shows a decrease of 4% in 2009 from 2008.

**Action Plan:** Continue to monitor.

**Date:** October 2009 **Scorecard Area:** RESPONSIVENESS  
**AIM Dimension:** Continuity **Reporter/Source:** Senior Management On Call Database  
**Board End:**

**Reporting Period:** Fiscal Years 2006-07 to 2008-09

**Indicator Name:** Senior Management On-Call, % by reason, % by facility

**Definition:** # of Senior Management on-call calls, by reason/ by facility  
 Total # of Senior Management on-call calls

**Results:**  
**Interpretation:**

**Rating:** **Good**

Calls By Subject	2006-07		2007-08		2008-09	
	#	%	#	%	#	%
Staffing	138	64%	74	52%	121	58%
Bed Availability	11	5%	18	13%	18	9%
Physician Concerns	5	2%	10	7%	12	6%
Physical Plant	6	3%	6	4%	6	3%
Transportation	4	2%	4	3%	6	3%
Complaints	6	3%	1	1%	1	0%
IMS	0	0%	1	1%	4	2%
CI/CO	1	0%	0	0%	1	0%
Shortage of Meds	1	0%	0	0%	0	0%
Security	0	0%	0	0%	1	0%
Other	43	20%	27	19%	38	18%
<b>Totals by Fiscal Year</b>	<b>215</b>		<b>141</b>		<b>208</b>	

Calls By Facility	2006-07		2007-08		2008-09	
	#	%	#	%	#	%
St. Anthony's Hospital	131	61%	84	60%	118	57%
Flin Flon General Hospital	35	16%	19	13%	25	12%
St. Paul's Residence	24	11%	26	18%	38	18%
Personal Care Home	16	7%	7	5%	6	3%
Northern Lights Manor	4	2%	0	0%	7	3%
Snow Lake	4	2%	2	1%	5	2%
Other	1	0%	3	2%	9	4%
<b>Total by Fiscal Year</b>	<b>215</b>		<b>141</b>		<b>208</b>	

In March 2006, Senior Management instituted a Senior Management On-Call Rota to ensure that a member of the Senior Management Team was available 24 hours a day, seven days a week to respond to after hour emergencies. In 2008-09, there were 208 calls made to Senior Management, which was a 48% increase in calls from the previous reporting period. The majority of calls by subject continue to be for staffing related issues at 58%, followed by other at 18% and bed availability at 9%. The majority of calls by facility continue to be from St. Anthony's at 57%, followed by St. Paul's Residence at 18% and Flin Flon General Hospital at 12%.

**Action Plan:** Continue to monitor

**NOR-MAN Regional Health Authority Quality Scorecard: Responsiveness (October 2009)**

**Ratings:** Blue = Optimal; Green = Good Ongoing CQI; Yellow = Warning/ Room for Improvement; Red = Trouble/ Extensive Work Required; Black = In Development/ New Data Not Available

**Date:** October 2009 **Scorecard Area:** RESPONSIVENESS  
**AIM Dimension:** Continuity **Reporter/Source:** Infant/ Youth Health Team  
**Board End:** Healthy People **Source:** NRHA

**Reporting Period:** Audit for 6 months (January to June) each year 2001-2008

**Indicator Name:** % mothers initiating and maintaining breastfeeding for 4 or more months, audit of client files (1<sup>st</sup> 6 months of each year)

**Definition:** % mothers initiating breastfeeding at discharge  
 % mothers maintaining breastfeeding at 4 months  
 Of those who initiated breastfeeding, % breastfeeding at 4 months

**Results:**  
**Interpretation:**

Community	Year	Total # of Births	% Initiating Breastfeeding	% Breastfeeding at 4 months	Of those Initiating, % Breastfeeding at 4 months
Flin Flon	2005	33	27 (82%)	16 (48%)	59%
	2006	25	17 (68%)	15 (60%)	88%
	2007	37	25 (68%)	13 (35%)	52%
	2008	33	20 (61%)	13 (39%)	65%
The Pas	2005	52	44 (85%)	27 (52%)	61%
	2006	36	27 (75%)	20 (56%)	74%
	2007	75	36 (48%)	28 (37%)	78%
	2008	57	44 (77%)	21 (37%)	47%
Snow Lake	2005	17	12 (71%)	16 (48%)	<i>suppressed</i>
	2006	7	<i>suppressed</i>	15 (60%)	<i>suppressed</i>
Sherridon	2007	14	11 (79%)	13 (35%)	45%
	2008	16	11 (69%)	13 (39%)	73%
Cr. Portage	2005	102	83 (81%)	46 (45%)	55%
	2006	68	49 (72%)	37 (54%)	76%
	2007	126	72 (57%)	46 (37%)	64%
	2008	106	75 (71%)	42 (40%)	56%

**Rating:** **Warning**

Data Source: NRHA

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

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

**Action Plan:**

The hard work of the Breastfeeding Committees in the larger centres appears to be paying off from the initiation perspective. We have identified the need to provide additional education on the NRHA Baby Friendly Initiative.

Breastfeeding support groups locally and the provincial help lines have also been noted as supports to the mothers seeking information. Future plans are for the statistics to be gathered through the new database rather than manually.

Continue to monitor indicator.