

NOR-MAN Regional Health Authority



2011 - 2016 Strategic Plan

Healthy People
in
Healthy Communities

Working Together To Improve Our Health

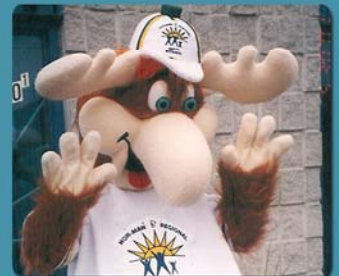




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1. INTRODUCTION

The 2011-16 Strategic Plan for the NOR-MAN Regional Health Authority (NRHA) is a progressive document that builds on the work and planning that has been underway in our region since the authority's inception in April 1997. Legislated under the Regional Authorities Act of Manitoba, Regional Health Authorities are required to develop and submit a Regional Health Plan, which includes a five year strategic component and an annual health plan component. This is our fourth Strategic Plan as the NOR-MAN Regional Health Authority.

We have recently completed a comprehensive Community Health Assessment (CHA) for our region, which was publicly released in June 2010. This report and the work leading up to its publication, reflects our ongoing commitment to a greater understanding of the health issues and concerns in our region.

Community Health Assessment

In addition to an extensive review of data and the reporting of 151 indicators, it was essential to hear from communities on what they felt were our strengths, issues/needs and key priorities to be focused on in the coming years. We dialogued with over 2,650 residents, community partners, staff and physicians through a variety of consultation activities including:

- ◆ **Forces of Change Assessments** - 10 community focus groups (168 participants)
- ◆ **Key Knowledge Interviews** - 30 interviews
- ◆ **Key Informant Interviews** - 25 interviews
- ◆ **Women's Health Focus Group** - 24 participants
- ◆ **Youth Health Survey** - 1763 students in grades 6 to 12 in all schools in the region
- ◆ **Health System Performance Partner Survey** - 26% response rate (44 of 168)
- ◆ **Health System Performance Staff Survey** - 33% response rate (326 of 988)
- ◆ **Health System Performance Physician Survey** - 54% response rate (26 of 48)

Staff Feedback Sessions

After our CHA report was published, we went back to meet with our managers (2 sessions) and front line staff (19 sessions – 190 staff) to provide them with the results of our CHA and to obtain their input on the following questions:

- ◆ **Values** - What are the most important values we need to model as an organization?
- ◆ **Priority Setting Exercise** - What do we need to continue to do? What do we need to do differently or better? What do we need to stop doing?
- ◆ **Vision/ Mission** – Is it relevant/ should it be changed?
- ◆ **Other Suggestions** – for the Board and Senior Management as we move forward in developing our Strategic Plan?



Strategic Planning Retreat

A Strategic Planning Retreat was held with the NRHA Board of Directors and Senior Management on November 13 and 14, 2010. A number of information sources were reviewed in developing our Strategic Plan including:

- ◆ **The Provincial Context** - Manitoba Health goals and priorities
- ◆ **Community Health Assessment** - key findings
- ◆ **Consultation Results** - themed summary of key findings from our consultations including staff sessions held after the CHA was released
- ◆ **Lessons Learned** - a review of previous strategic and operational planning processes
- ◆ **Environmental Assessment** - strengths, strategic issues, challenges and opportunities
- ◆ **Priority Setting Criteria** - established criteria to guide decision making

2. OVERVIEW OF THE NOR-MAN REGIONAL HEALTH AUTHORITY

The NOR-MAN Regional Health Authority was established April 1, 1997 under the provisions of *The Regional Health Authorities and Consequential Amendments* (Bill 49). Bill 49 created Regional Health Authorities with the responsibility and mandate for delivering and administering health services in specific parts of Manitoba. We are one of eleven (11) Regional Health Authorities in Manitoba.

Core Services

As one of the primary providers of health services in NOR-MAN, we deliver a wide range of services based on the following ten provincial core services:

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

The NRHA has chosen to add the following service to our core service mandate:

11. Physician Services

Our Facilities

Our programs and services are operated out of the following facilities:

- ◆ St. Anthony's General Hospital (40 beds)
- ◆ Flin Flon General Hospital (42 beds)
- ◆ Snow Lake Health Centre (2 acute, 4 long term care beds and primary health services)
- ◆ St. Paul's Personal Care Home (60 beds)
- ◆ Flin Flon Personal Care Home (30 beds)
- ◆ Northern Lights Manor (36 beds)
- ◆ Rosaire House (20 beds - Addictions Centre)
- ◆ The Pas Primary Health Care Centre (and satellite office in The Pas Wellness Centre)
- ◆ Flin Flon Primary Health Care Centres (2 sites)
- ◆ Cranberry Portage Wellness Centre
- ◆ Cormorant Health Centre
- ◆ Sherridon Health Centre
- ◆ EMS Facilities - three stand alone facilities in The Pas, Cranberry Portage and Grand Rapids

Other Health Service Providers

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

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

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

3. OVERVIEW OF THE NOR-MAN REGION

The NOR-MAN Region is one of three northern Regional Health Authorities in the province of Manitoba with a combination of pristine wilderness and northern rural and remote settings. The people and communities that make up our region display considerable diversity in origin, government structures, economic bases, service availability and interconnectedness.



NOR-MAN Regional Health Authority

2011-16 Strategic Plan

December 2010

Although our population is small, the region covers a vast area of land of approximately 72,000 square kilometers extending from Grand Rapids/Misipawistik Cree Nation in the southeast corner to Pukatawagan/ Mathias Colomb Cree Nation in the north end of the region. The major tertiary centre is in Winnipeg which is located six to ten hours driving time south. The region has a diversified economic base including mining, forestry, agriculture, education, tourism and service industries.

We are home to approximately 2% of Manitoba's population. The most notable demographic information includes:

- ◆ 50% of residents claim Aboriginal identity (MB = 15%); 16.8% are registered Métis
- ◆ 52% of residents live in the urban communities of Flin Flon and The Pas
- ◆ 25.8% of residents are under 15 years of age (MB = 19.3%)
- ◆ 46.9% of residents are under the age of 30 (MB = 39.9%)
- ◆ 8.7% of residents are 65 years and older (MB = 13.7%)

We have observed a 3% decrease in our population from the 25,012 reported in our last Strategic Plan. According to the Manitoba Bureau of Statistics, our population is projected to see a 13.9% decrease by 2036. Based on these projections, there will be fewer children age 0-14 years, fewer adults age 20-54 years and a slight increase in adults 65 years and over.

There is no consensus of the total size of our population as figures differ based on the source of data used. The Indian Registry population figures for on reserve First Nation communities illustrate a significantly higher on-reserve population than what is reported by Manitoba Health, escalating the NOR-MAN population upwards of 28,000 people. We also provide acute and long term care services to approximately 8,400 residents from northeastern Saskatchewan. This accounts for 40% to 66% of Flin Flon General Hospital utilization.

Population Profile

NOR-MAN COMMUNITIES	POPULATION MB HEALTH	NE SASKATCHEWAN COMMUNITIES	POPULATION SASK HEALTH
The Pas	7,106	Flin Flon, SK	336
Flin Flon	5,999	Creighton	1,749
Snow Lake	899	Denare Beach	889
RM of Kelsey	2,534	Peter Ballantyne/ Deschambault	1,801
Grand Rapids	683	Pelican Narrows	2,305
Misipawistik Cree Nation	457	Sandy Bay	1,294
Chemawawin Cree Nation	704	Sturgeon Landing	55
Opaskwayak Cree Nation	1,704		
Mosakahiken Cree Nation	465		
Mathias Colomb Cree Nation	1,260		
Unorganized Territories	2,417		
TOTAL	24,288		8,397

Manitoba Health and Saskatchewan Health, 2009

4. KEY FINDINGS FROM OUR COMMUNITY HEALTH ASSESSMENT

We have consistently been one of the unhealthiest regions in the province. Many factors affect the health of individuals and communities. Whether people are healthy or not, is determined by factors such as where we live, the state of our environment, our income, our education level, and our relationships with friends and family. During our consultations, community members spoke about how many of these factors affected their health. Our data supports their comments:

- ◆ **Rural and Remoteness** - the region's rural and remoteness and the number of widely scattered communities impacts resident's access to services.
- ◆ **Jurisdictional Issues** - as we are not the only provider of health services in the region, this causes confusion for our residents as they are unsure about who and how to access services.
- ◆ **Education** - we have lower education levels than other Manitobans with a higher percentage of residents with less than high school or only a high school diploma.
- ◆ **Unemployment** - we have almost double the unemployment rates compared to the province as a whole.
- ◆ **Income Inequality** - is a concern especially for the smaller remote communities and lone parent families.
- ◆ **Government Transfers** - 13% of our region's income is from government transfer payments, with higher rates observed in the smaller outlying communities.
- ◆ **Lone parent Families** - 23% of our families are lone parents. Lone parent family income is almost one-third less than a couple family income.
- ◆ **Housing** - issues of affordability, quality and shortage of housing is a concern in particular in our outlying communities.
- ◆ **Healthy Foods** - access to affordable nutritious food is a concern in particular in our outlying communities.

The Good News

Since our last Community Health Assessment, we have experienced a number of very promising improvements in our health status to report:

- ◆ **Premature Mortality Rates (PMR)** - although our PMR is higher than provincial average, we continue to see improvements. PMR is the single best measure to reflect the health status of a regions population - we are living longer.
- ◆ **Heart Health** - we have seen a decrease in our Ischemic Heart Disease (IHD), Acute Myocardial Infarction (AMI - heart attack) and stroke rates. We have also observed increases in our hypertension treatment prevalence rate which we are seeing as good news story as people are getting treated earlier and being able to manage their heart health issues.
- ◆ **Cancer** - our cancer Incidence rates have decreased meaning we have fewer new cases

of cancer. Also of note is that our five year colorectal cancer survival rate is higher than the provincial rate for both males and females.

- ◆ **Injury Hospitalizations** - we have observed a statistically significant decrease in our rates.
- ◆ **Screening Rates** - the mobile mammography program has had a positive impact in our region. Our mammography screening rates are improving faster than the Manitoba time trend.
- ◆ **Immunization rates** - rates for both adult influenza and pneumococcal immunizations have experienced a statistically significant increase. In addition, completed immunization rate for seven (7) years olds is statistically higher at 86% than the provincial rate of 76.4%.
- ◆ **Smoking** - the percentage of former smokers continues to increase.

The Bad News

We continue to face a number of serious health challenges, many of which relate to our life style choices. Our leading health concerns identified through the data and our consultations include:

- ◆ **Health Status** - our health status is poorer and we have a lower life expectancy than the average Manitoban. Leading causes of death are circulatory diseases at 26.3%, followed by cancer at 24.7% and nutritional and metabolic disease at 9.8%. The need to focus on promoting healthy lifestyles and individual responsibility for health was identified as a priority.
- ◆ **Chronic Diseases** - we have higher rates of chronic diseases relating to unhealthy lifestyle choices - physical inactivity, unhealthy eating, obesity, stress and tobacco and alcohol use. Diabetes, cardiovascular diseases and cancer continue to be growing concerns. We need to continue our focus on an integrated Chronic Disease Prevention and Management strategy and coordinating services across the continuum of care.
- ◆ **Mental Health and Addictions** - we report statistically higher rates for both anxiety disorders at 8.7% and substance abuse at 7.6%. Issues relating to mental health and the use of alcohol and drugs were identified during all of our consultations. We need to continue to address mental health and addictions issues with the emphasis on the Co-occurring Disorders Initiative (CODI).
- ◆ **Healthy Child Development** - breastfeeding is known to be extremely beneficial, unfortunately our rates are statistically lower than the provincial rate. Also, 41% of our families screened positive for 3 or more risk factors in the Families First program and our children's "Readiness for School" survey scores are low in most areas of child development. We need to continue to work in partnership to ensure there are ongoing opportunities for healthy child development.
- ◆ **Youth Health** - our grade 6 to 12 students have identified issues relating to smoking, alcohol and drug consumption that are increasing at alarming rates with each grade.

Concerns regarding healthy eating (fruits and vegetables), mental health and wellness were also identified. We need to continue to work with our schools to address personal health choices being made by youth.

Accomplishments since our last Community Health Assessment

We have also made some great strides towards the advancement on the priorities set out in our last Strategic Plan. The following is a few of the most notable highlights:

- ◆ **Green Team** - we have formed a Green Team which is focusing on nine (9) key “green” strategies. In 2006, we implemented an Energy Project which involved a number of upgrades and renovations which has resulted in a 15.4% energy cost savings and a reduction of 670 tonnes of greenhouse gas emissions annually.
- ◆ **District Health Councils** - we currently have eight (8) active District Health Councils (DHC) who continue to be an important and active community link to the NRHA Board and staff.
- ◆ **Grants** - since our last Strategic Plan, over eight million dollars (\$8,287,201) in external grants have been obtained for priority initiatives.
- ◆ **Collaborative Partnerships** - we have active partnerships with a number of agencies throughout the region as well as the Northeastern Saskatchewan Stakeholders Circle Committee. We also participate in the Swampy Cree Tribal Council (SCTC) Round Table and Manitoba Métis Federation (MMF) Aboriginal Health Transition Fund (AHTF) projects. The goal of these projects is to generate recommendations for developing policy on Aboriginal health.
- ◆ **Manitoba Retinal Screening Program (MRSVP)** - in January 2007, the very successful Manitoba Retinal Screening Vision Program (MRSVP), a wait time initiative, was undertaken. To date, we have completed screenings in all communities in our region.
- ◆ **Chronic Disease Prevention Initiative** - we have actively participated in the Chronic Disease Prevention Initiative (CDPI) program. All three (3) NRHA districts, continue to implement and coordinate innovative initiatives addressing the modifiable risk factors of smoking, physical activity, mental wellness and healthy eating.
- ◆ **The Pas Wellness Centre** - opened in the fall of 2009 with office and program space for Primary Health Care staff as well as an outpatient physiotherapy program.
- ◆ **Mental Health and Addictions** - staff have been working on the Co-Occurring Disorder Initiative (CODI). The goal of CODI is to improve access to services and treatment for NRHA residents with co-occurring mental health and substance use disorders.
- ◆ **Suicide Prevention** - we have two active interagency Suicide Prevention Committees in The Pas and Flin Flon, which are focusing their work on the provincial Youth Suicide Prevention Strategy. We are currently working with Grand Rapids in the establishment of a Suicide Prevention Committee.
- ◆ **Youth Health Clinics** - in 2006, we received funding from Healthy Child Manitoba for the development of Youth Health Clinics in The Pas, Flin Flon and Cranberry Portage.

Our clinics have been very successful and we have extended services now to clients who are not yet in their teen years as well as post-high school youth.

- ◆ **Healthy Child Development** - through directed funding from Healthy Child Manitoba we are able to provide the Family First Home Visitors, Insight Mentor and the Regional FAS Diagnostic Services programs.
- ◆ **Breastfeeding** - breastfeeding committees in the region are presently working on the accreditation process for the Baby Friendly Initiative in order to meet the standards to be recognized for their work in promoting and supporting breastfeeding and baby friendly hospitals.
- ◆ **Well Seniors Initiative** - some of the programs implemented throughout our region include Movement that Matters, Congregate Meal Programs, Supportive Housing, Aging in Place and In Motion group activities.
- ◆ **Respectful Workplace Strategy** - has been implemented within the region which includes a multi-faceted program consisting of the following strategies: (1) Respectful Workplace Sessions; (2) Ethics; (3) Virtues Program; (4) Conflict Resolution; (5) Customer Service; (6) Non-violent Crisis Intervention; (7) Stress Management; and (8) Workplace Wellness.
- ◆ **Primary Health Care** - our Primary Health Care model is fully functioning in the region with four (4) multidisciplinary teams: Infant/ Child, Youth/Women, Men and Seniors.
- ◆ **Telehealth** - the MBTelehealth Network continues to grow, reaching a total of 67 sites in Manitoba at the end of 2008/09. The Telehealth sites in Flin Flon and The Pas continue to be among the busiest in the province. We have a total of six sites in our region with Grand Rapids and Easterville coming on-line in March 2010.
- ◆ **Dialysis**—new Dialysis departments were constructed in Flin Flon and The Pas. Flin Flon General Hospital expanded from two to four stations in February 2006. St. Anthony's General Hospital expanded from four to ten stations in April 2008.
- ◆ **Accreditation** - since our last CHA, we have participated in two Accreditation Canada survey visits. Our last survey visit was in May 2008. We exceeded the national compliance rate in 7 of the 8 quality dimensions and met or exceeded the national compliance rate in 10 of 12 standards sections.
- ◆ **Patient Safety** - through directed funding from Manitoba Health, a new Patient Safety Coordinator was hired and began work in May 2009. This position is responsible for investigating all Critical Incidents and coordinating a Patient Safety strategy for the region.
- ◆ **Recruitment and Retention** - we continue to seek out creative ways to deal with staff and physician shortages including continuing with student sponsorships and return of services agreements; high school bursary program; and incentives to students completing senior practicum experience with the NRHA.

Challenges

The challenges that we identified in our last Strategic Plan are ongoing and will continue to be areas that we need to work on. These include:

- ◆ **Resource Allocation** - shifting resources to prevention and promotion.
- ◆ **Jurisdictional Issues** - as we are not mandated to provide all health services in all NOR-MAN communities, ongoing partnerships with Aboriginal agencies will continue to be a priority for the RHA.
- ◆ **Recruitment and Retention** - the need to continue investing in developing Northern Human Resources and recruiting and retaining qualified staff.
- ◆ **Awareness of Services** - the need to increase our residents' knowledge of available NRHA health care services/programs as well as how to access these services/programs.
- ◆ **Cultural Sensitivity** - we need to continue to strive for a health care delivery model that is culturally sensitive. We have struggled in the past few years to find a suitable model for delivering cultural sensitivity training for our staff.
- ◆ **Telehealth** - to improve access to clinical services, there is a need to extend Telehealth Services to our Primary Health Care Centres, Moose Lake, Cormorant, Cranberry Portage and Sherridon. We also need to expand our ability to network with Saskatchewan sites and advocate for increased physician access to Telehealth in Winnipeg.
- ◆ **Infrastructure** - ongoing improvements and maintenance to our facilities is required as a result of our old infrastructure.
- ◆ **Funding Levels** - our ongoing funding levels and deficit situation has been identified to Manitoba Health for the past several years as a significant challenge. The majority of our deficit is directly related to the Northern Patient Transportation (NPTP) Program, insufficient medical remuneration funding and human capital, which leaves little room for reallocation.

5. ENVIRONMENTAL SCAN

The following provides a summary of the strengths, critical strategic issues, opportunities and threats that were identified consistently through our consultations with our staff, physicians, community partners and residents. The themed results from our consultations were reviewed and confirmed at our Strategic Planning session in November 2010.

Strengths

- ◆ **Quality health services** - we provide quality health care and services.
- ◆ **Responsiveness** - we are responsive to our client's needs.
- ◆ **Programs and services** - based on fiscal realities, we are providing an adequate number of programs and services to residents.

- ◆ **Our staff** - is caring, committed, experienced and knowledgeable.
- ◆ **Teamwork** - is valued and modeled in our organization.
- ◆ **Innovative Partnerships** - our team approach and innovative partnerships (i.e. Wellness Centre).
- ◆ **Chronic Disease Prevention Initiative (CDPI)** - work being done through the CDPI is excellent and must continue.
- ◆ **Primary Health Care Centres** - our Primary Health Care Centres have been a very positive move for the region.
- ◆ **Healthy Promotion and Prevention** - people are pleased with current programming and the work being done to promote healthy lifestyles.
- ◆ **Telehealth** - is highly regarded and the need to expand services was noted (within the region as well as in Winnipeg and Saskatchewan).
- ◆ **Representative workforce program** - noted as positive.
- ◆ **Good administrative systems** - mechanisms in place to deal with issues/complaints.
- ◆ **Going green** - our commitment to environmental sustainability (stewardship.)
- ◆ **Flexibility** - we are flexible and adaptable to the changing environment.
- ◆ **Disaster Planning** - we are good at managing crisis.
- ◆ **Our Reputation** - we are well respected provincially.
- ◆ **Leadership** - we have good leadership doing innovative work
- ◆ **Governance** - we have a supportive board that is committed to the organization and its leadership.

Strategic Issues

- ◆ **Healthy Workplace** - recruitment & retention, succession planning, education and development, cultural training for organization and staff development.
- ◆ **Communication** - awareness of the services we provide; positive marketing.
- ◆ **Infrastructure deficit** - facilities, equipment, IT.
- ◆ **Funding Challenges** - Northern Patient Transportation Program (NPTP) driving deficit, equalization grants from federal government.
- ◆ **Partnerships** - with outlying communities, municipalities and other key stakeholders.
- ◆ **Coordination and integration of services** - across continuum of care/between jurisdictions/promote teamwork and working together.
- ◆ **Integration** - breaking down silos between facilities / teams.
- ◆ **Chronic Disease** - high rates of chronic disease.
- ◆ **Mental Health and Addictions** - level and availability of services; suicide rates.
- ◆ **Youth Health Issues** - STIs, teen pregnancy, youth health survey results (re: mental health, smoking, drug use, healthy eating).
- ◆ **Child Health Issues** - family first risk factors; low breastfeeding rates; childhood obesity; school readiness.

- ◆ **Access to services** - especially physician services; services to outlying communities; appointment wait times and access to specialty services.

Opportunities

- ◆ **Green opportunities** - environmental stewardship grants.
- ◆ **Pursue opportunities with outlying communities** - health care service delivery dollars and employment and training dollars - return of service agreements.
- ◆ **Relationship building** - with service groups.
- ◆ **Regional foundation** - explore the potential of establishing a regional foundation.
- ◆ **Increase external partnerships** – continue to develop new partnership with community groups and organizations.
- ◆ **Expansion of IT infrastructure** - expansion of Telehealth, other technologies that we could use to our advantage (Electronic Medical Record, Electronic Health Record).
- ◆ **Wellness Centre model** - unique opportunity to grow.
- ◆ **Post secondary institution in our region** - partnership, training, research.
- ◆ **Economic development** - growth in economic development.
- ◆ **Use of social marketing to promote our services** - facebook, twitter

Threats

- ◆ **Economic climate** - provincial funding (costs rising less money); equalization payments from federal government in question.
- ◆ **Jurisdictional issues** - confusion of service provision.
- ◆ **Economic stress** - poverty/ unemployment/ lack of service options affordable housing/ food security.
- ◆ **Travel issues** - costs associated with travel/ distance to access services.
- ◆ **Lifestyle choices** - Residents choices regarding healthy lifestyle behaviors (physical activity, nutrition, smoking, alcohol use).
- ◆ **Population projections to 2036** - our population is expecting to decrease with the exception of 65 years and over age group. We need to plan for an aging population and the decline in our working population.
- ◆ **Private versus public health care** - concern of two (2) tier system.

Criteria for Priority Setting

It was recognized that with finite resources and a multitude of health challenges, the NRHA needed to establish criteria on which to set priorities. This task was completed as part of the Strategic Planning Retreat held in November 2010. The criterion was as follows:

1. Does it address a critical issue?
2. Is the issue supported in the CHA?
3. Is it our issue to address?
4. Can something realistically be done to address the issue?
5. Is it broad enough to stand the test the time? (strategic vs. operational)
6. Is it sensitive to a changing environment? (i.e. flavour of the day)
7. Should this issue be considered as a strategic direction/ priority? If yes, why? If no, why not?

6. OUR STRATEGIC FRAMEWORK

Our Strategic Framework was first approved in November 1996, and has been refined in March 1999, February 2000, April 2002 and April 2005. The following is our newly adopted Vision, Mission, Values, Strategic Directions and Strategic Priorities as approved by the NRHA Board of Directors in November 2010.

Our Vision

Healthy People in Healthy Communities

Our Mission

Working Together to Improve our Health

Our Values

We believe in a people centered health system based on the values of:

- ◆ ***Respect***
- ◆ ***Compassion***
- ◆ ***Integrity***
- ◆ ***Teamwork***
- ◆ ***Leadership***

Our Strategic Directions and Priorities

In order to achieve our vision, we have set out four (4) Strategic Directions and eleven (11) Strategic Priorities to guide our organization over the next five years.

Our Strategic Directions were established based on our strong belief in a holistic view of health which reflects an individual and collective responsibility for achieving optimal health. We also believe that in order to provide a quality health care system in our region, we must strive for a healthy workplace and a sustainable organization that is committed towards excellence and innovation. We are committed to:

1. Healthy People

Providing quality health care and services that enable all individuals to pursue optimum health by:

- ◆ Applying an evidence-based holistic approach to services that are centered on the client and his or her family.
- ◆ Coordinating services to provide the right service, at the right place, at the right time.
- ◆ Fostering an environment of client safety.

2. Healthy Communities

Partnering with our communities in addressing the broader influences of health by:

- ◆ Engaging citizens as partners to support healthy living, self management and advocacy.
- ◆ Creating healthy communities through collaborative partnerships.

3. Healthy Workplace

Striving to be an employer of choice by:

- ◆ Recruiting and retaining the best people that reflect the diversity of our region.
- ◆ Building a healthy, safe, respectful and supportive work environment.
- ◆ Providing opportunities for education and development to strengthen leadership in all.

4. Healthy Organization

Having sustainable and innovative systems that support healthy people, healthy communities and healthy workplaces by:

- ◆ Building a sustainable organization that balances resources with the needs of the clients we service
- ◆ Aligning resources (people, processes and technology) to foster creativity and innovation.
- ◆ Strengthening accountability and transparency.

7. STRATEGIC CAPITAL NEEDS

Overview of Capital Infrastructure

In 2000, we completed a long range Master Plan. One of the components of the Master Plan was a review of our strategic capital needs. It involved a detailed analysis of the physical structures of all of our facilities. At the time, Snow Lake Health Centre was believed to be appropriate for both current and projected needs, therefore it was not part of the review.

Through this review, it was reported that both St. Anthony's and Flin Flon General Hospitals had a number of deficiencies and it was recommended that two new facilities be built. Some of the deficiencies noted were:

- ◆ Insufficient space to have integrated services on a single site.
- ◆ Buildings that would require extensive renovations due to building and code deficiencies.
- ◆ Significant on-going maintenance costs to maintain buildings.

In negotiation with Manitoba Health at the time, it was recognized that capital resources for new facilities would not be forthcoming due to the economic climate we were in. In order to remain in our existing facilities, it was acknowledged and supported by Manitoba Health that ongoing investments to our infrastructure would be required in order to ensure safe delivery of care and to manage building code requirements. From 2000-2005, there were a number of capital improvements made, most notably:

- ◆ Construction of a new St. Paul's Personal Care Home and demolition of old building.
- ◆ Redevelopment of Northern Lights Manor.
- ◆ A long term care bed addition (2 beds) to the Snow Lake Health Centre.
- ◆ CT Scanner addition at St. Anthony's Hospital.
- ◆ Obstetrics redevelopment at St. Anthony's Hospital.
- ◆ All community health services amalgamated in leased space in Primary Health Care Centres in The Pas and Flin Flon.

Projects Completed Since 2005

Since the Master Plan was submitted to Manitoba Health, we have invested or have received approved capital funding from Manitoba Health in excess of \$42 million dollars. Since our last Strategic Plan submitted in 2004, we have invested or have received approved capital funding in excess of \$21.7 million. The most notable projects that have been completed in our region since 2005 include:

- ◆ ER redevelopment at St. Anthony's General Hospital
- ◆ Dialysis expansions at both St. Anthony's and Flin Flon General Hospitals
- ◆ New EMS facilities in both The Pas and Grand Rapids
- ◆ Pharmacy and Ultrasound redevelopments at Flin Flon General Hospital
- ◆ X-ray redevelopment project and a new morgue at Snow Lake Health Centre.

- ◆ Energy Project - in all facilities
- ◆ Security Upgrades - in all facilities

Projects in Progress

We have a number of capital projects that are currently underway or in design stage. Some of the major projects we have had approval for include:

- ◆ NOR-MAN Regional Health Authority Medical Clinic (Flin Flon)
- ◆ New EMS Facility in Flin Flon
- ◆ Lab Upgrades at St. Anthony's and Flin Flon General Hospitals
- ◆ CT replacement at St. Anthony's General Hospital
- ◆ Medication sterilizer room redevelopment at Snow Lake Health Centre.
- ◆ Elevator upgrades at St. Anthony's and Flin Flon General Hospitals and Northern Lights Manor

Strategic Capital Needs

The major strategic capital projects that will be required over the next five years include:

- ◆ **Flin Flon General Hospital Emergency/ Admitting redevelopment** - this project is our number one priority and has been submitted in our Health Plan for the past four years.
- ◆ **Snow Lake EMS facility** - we were required to assume responsibility of this volunteer service. A new facility is required to deal with space constraints and building and fire code deficiencies.
- ◆ **Snow Lake Health Centre** - replacement of all windows and insulation of the roof.
- ◆ **Northern Lights Manor** - structural issues need to be addressed.
- ◆ **Flin Flon Personal Care Home** - major upgrades are required.
- ◆ **CT Services** - provide CT services at Flin Flon General Hospital in order to improve access to CT services for Flin Flon and area residents and to reduce NPTP costs..
- ◆ **Behavioral/Transitional Unit** - will need to be considered due to our aging population and the increasing mental health and behavioral issues being experienced in our region.
- ◆ **Rosaire House** – major upgrades and expansion required.
- ◆ **St. Anthony's General Hospital Physiotherapy redevelopment** - to deal with outdated space and the need to accommodate bariatric equipment.
- ◆ **Spiritual and Cultural Centres** – need to assign program space for all spiritual and cultural healing practices in both our acute care facilities.
- ◆ **Materials Management** - offsite regional facility to deal with space restraints and code deficiencies needs to be explored.