



QUALITY SCORECARD

Vital Statistics on System Competency

January 2011

NOR-MAN RHA Board of Directors

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NOR-MAN RHA MISSION

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

VALUES

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

NOR-MAN RHA Senior Management

Drew Lockhart, *CEO*
Pat Bilquist, *Exec. Director, Community & Long Term Care*
Susan Lockhart, *Exec. Director, Planning, Research & Development*
Lois Moberly, *Executive Director of Clinical Services, Flin Flon General Hospital*
Corliss Patterson, *Exec. Director, Communications*
Wanda Reader, *Exec. Director, Human Resources*
Candice Rookes, *Executive Director of Clinical Services, St. Anthony’s Hospital*
Lil Rourke, *Exec. Director, Finance & Support Services*

Visit our Website at:
www.norman-rha.mb.ca

Board Ends & Strategic Priorities

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

HEALTHY COMMUNITIES

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

OPTIMAL ACCESS TO SERVICES

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

HEALTHY PEOPLE

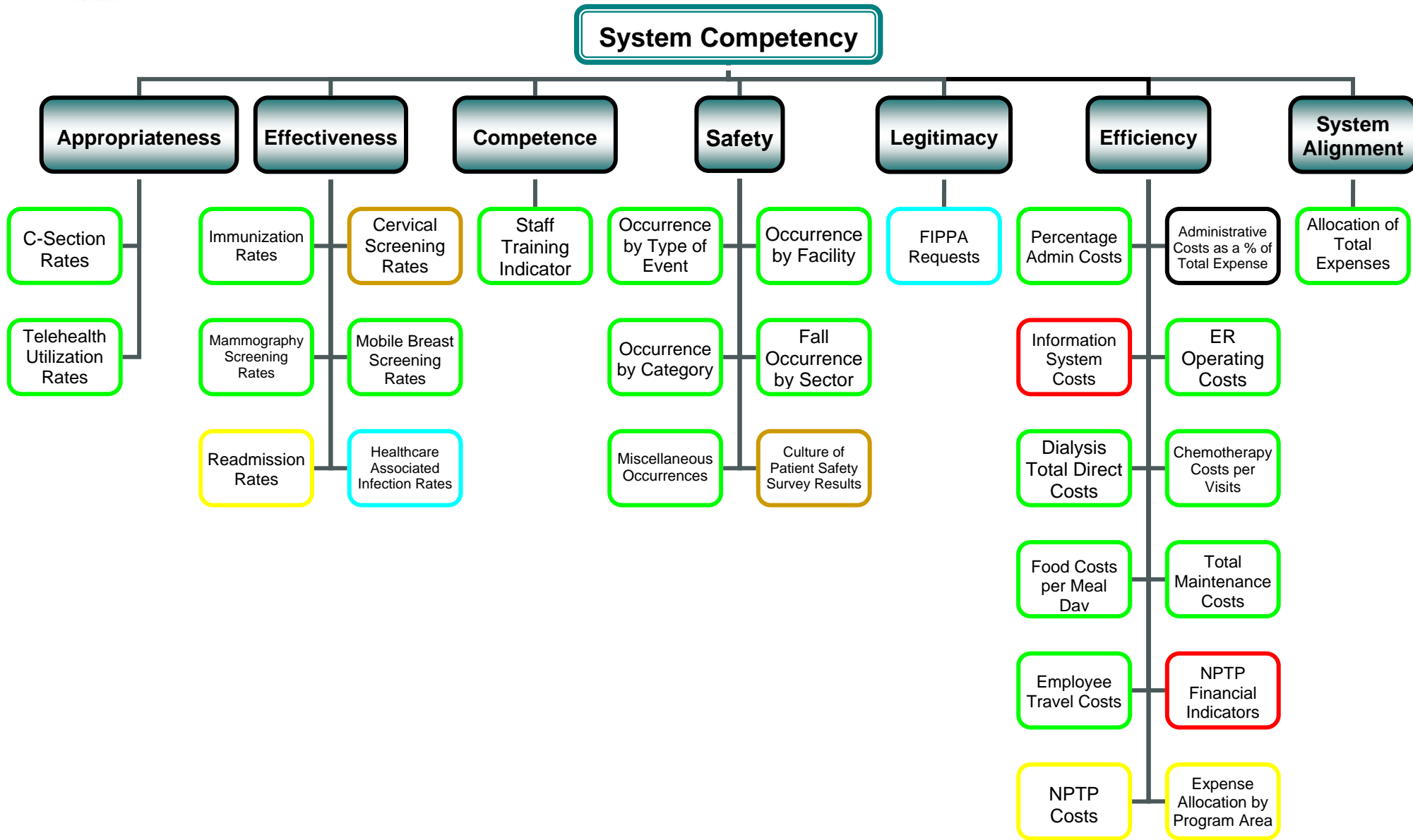
- ❖ Decreased incidence & prevalence of chronic illnesses (including but not limited to Diabetes, tobacco-related illness, Cancer, Cardiovascular, Renal).
- ❖ Increased awareness of Mental Health and Co-occurring Disorders initiative (CODI) and expansion of services accordingly.
- ❖ Reduced incidence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

EXCELLENCE IN PATIENT SAFETY & QUALITY OF CARE

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



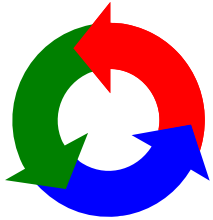
Quality Scorecard: System Competency January 2011



NOR-MAN Regional Health Authority Quality Scorecard: System Competency

Colour Codes: Blue = Optimal; Green = Good/ Ongoing CQI; Yellow = Warning/Room for Improvement; Dark Yellow = Data Limitations; Red = Trouble/ Extensive Work Required; Black = In Development

NOR-MAN REGIONAL HEALTH AUTHORITY QUALITY SCORECARD SYSTEM COMPETENCY



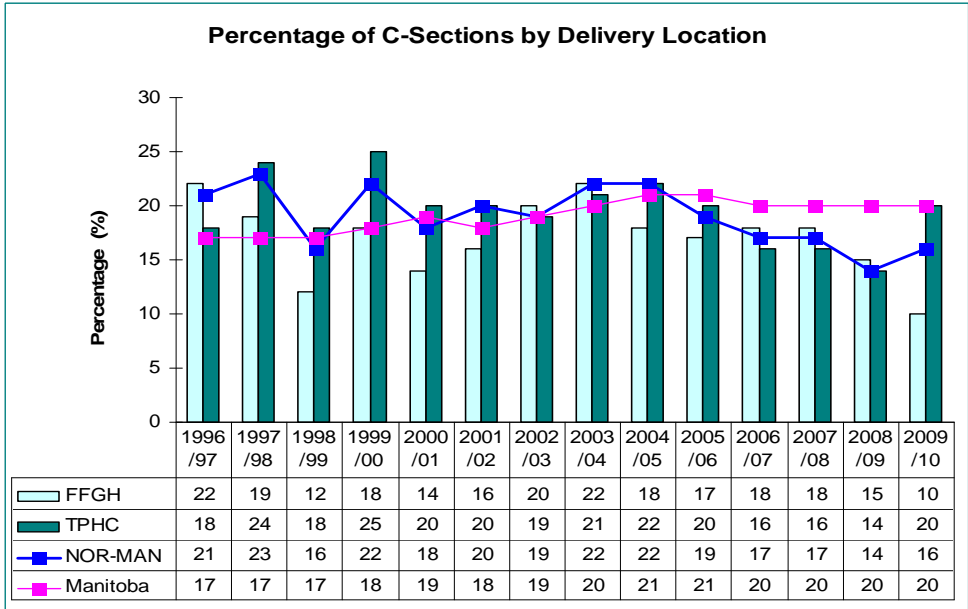
Date: January 2011
Scorecard Area: System Competency
AIM Dimension: Appropriateness
Board End: Excellence in Patient Safety & Quality of Care
Reporter/Source: MB Health - Health Information Management
Reporting Period: Trend Analysis 1996/97 to 2009/10

Indicator Name: **Percentage of C-Sections in NOR-MAN, The Pas Health Complex, Flin Flon General Hospital vs. Manitoba average**

Definition: 1. $\frac{\text{\# of C-Sections in NRHA /facility}}{\text{\# of Deliveries in NRHA/facility}}$ 2. $\frac{\text{\# of C-Sections in MB Hospitals}}{\text{\# of Deliveries in MB}}$

Results:
Interpretation:

Rating: Good



NOR-MAN's C- Section rate (16%) is lower than the Manitoba rate (20%). In 2009/10, there were a total of 15,975 deliveries in Manitoba of which 3,184 or 20% were by C-Section. In NOR-MAN, there were a total of 520 deliveries in NOR-MAN facilities of which 85 or 16% were by C-Section. Of the 520 deliveries, 343 deliveries were in The Pas of which 20% were by C-section and 177 were in Flin Flon, of which 10% were by C-section.

Action Plan: Given our geographical location and access to specialists, coupled with our high incidence of diabetes and high-risk pregnancies, NRHA C-sections are considered acceptable. Continue to monitor this indicator.

Date: January 2011 **Scorecard Area:** System Competency

AIM Dimension: Appropriateness **Reporter/Source:** MB Health - Health Information Management
Board End: Excellence in Patient Safety & Quality of Care

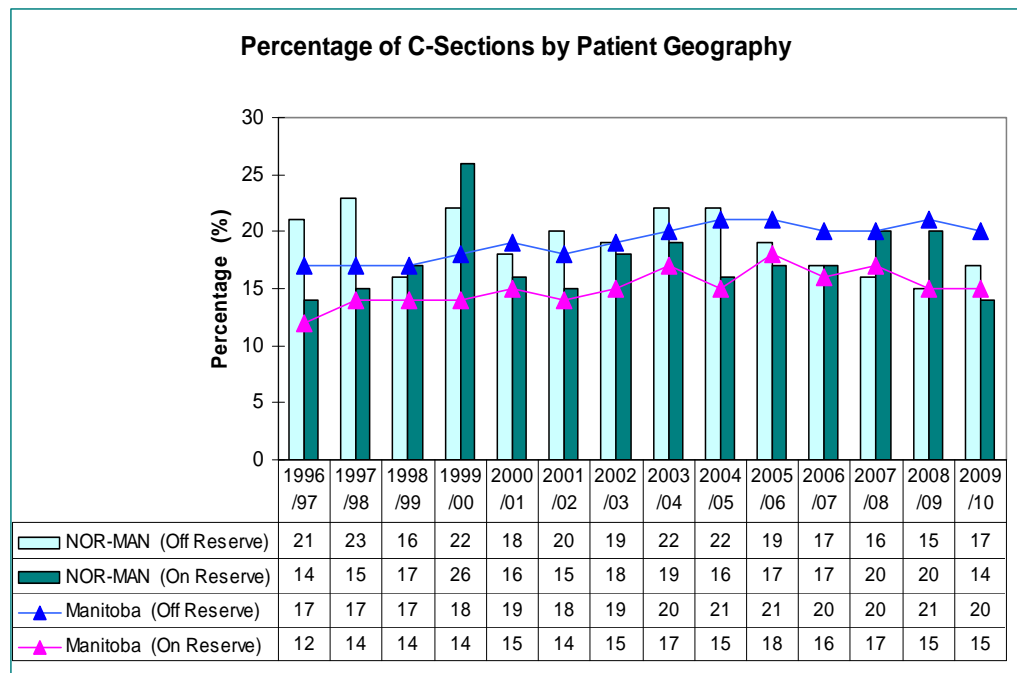
Reporting Period: Trend Analysis 1996/97 to 2008/10

Indicator Name: **Percentage of C-Sections in NOR-MAN, On Reserve and Off Reserve vs. Manitoba average**

- Definition:**
1. $\frac{\# \text{ of On Reserve C-Sections in NOR-MAN}}{\# \text{ of On Reserve Deliveries in NOR-MAN}}$
 2. $\frac{\# \text{ of On Reserve C-Sections in MB}}{\# \text{ of On Reserve Deliveries in MB}}$
 3. $\frac{\# \text{ of Off Reserve C-Sections in NOR-MAN}}{\# \text{ of Off Reserve Deliveries in NOR-MAN}}$
 4. $\frac{\# \text{ of Off Reserve C-Sections in MB}}{\# \text{ of Off Reserve Deliveries in MB}}$

Results:
Interpretation:

Rating: **Good**



In 2009/10, there were 3,184 C-section deliveries in Manitoba and 85 C-section deliveries in NOR-MAN. Of note, the "Off Reserve" C-sections rate is lower in NOR-MAN at 17% than compared to Manitoba at 20%. Also, the "On Reserve" C-section rate is lower in NOR-MAN at 14% compared to Manitoba at 15%.

Action Plan: Given our geographical location and access to specialists, coupled with our high incidence of diabetes and high-risk pregnancies, NRHA C-sections are considered acceptable. Continue to monitor this indicator.

Date: January 2011 **Scorecard Area:** System Competency
AIM Dimension: Appropriateness **Reporter/Source:** MBTelehealth – 2009/10 Management Report
Board End: Optimal Access to Services
Reporting Period: Fiscal Year 2009/10

Indicator Name: MBTelehealth Network Utilization Rates

Definition: Number (#) and Percentage (%) of MBTeleHealth sessions by category by site
Percent increase or decrease (+/-%) of Telehealth sessions in comparison to previous fiscal year

Results:
Interpretation:

Rating: **Good**

Session Type	Flin Flon		The Pas		Snow Lake		NOR-MAN		Manitoba	
	#	%	#	%	#	%	#	%	#	%
2009-10										
Clinical	356	49%	452	53%	57	45%	865	51%	6959	71%
Education	174	24%	227	27%	35	27%	436	26%	1653	17%
Admin	194	27%	168	20%	33	26%	395	23%	1113	11%
Other	4		1		1		6		110	
Total	728	+2%	848	-2%	126	+1%	1,702	0%	9835	+16%
	#	+/-%	#	+/-%	#	+/-%	#	+/-%	#	+/-%
2008-09	717	+9%	866	+30%	124	+8%	1702	+19%	8423	+19%
2007-08	656	+23%	660	+0%	115	-27%	1431	+10%	7176	+20%
2006-07	532	+7%	655	+0%	146	+35%	1302	+3%	5995	+24%
2005-06	496	-2%	655	+15%	108		1259	+17%	4838	+11%
2004-05	504	+48%	572	+33%			1076	+40%	4369	+17%
2003-04	340	+52%	431	+88%			771	+71%	3724	+68%
2002-03	223		229				452		2218	

The MB Telehealth network has continued to grow, reaching a total of 83 sites in Manitoba by the end of 2009/10. The NOR-MAN region had two (2) new sites come on line in March, Grand Rapids and Easterville.

Unlike previous years, in 2009/10 there was no increase in the total number of telehealth events at the NOR-MAN sites. Despite this, the telehealth sites in Flin Flon and The Pas continue to be among the busiest in the province. One explanation for this year's lack of increase in utilization is the unusually large growth in 2008/09 (two to three times more than anticipated). The two years previous to that saw an average annual increase in the region of about 6%. Annual growth at the 20% level is not sustainable with our existing resources.

Clinical appointments continue to rise this year: with The Pas up 6.6%, Flin Flon 14% and Snow Lake 39%. Clinical services as a percentage of total utilization increased to 49% in Flin Flon, 53% in The Pas and 45% in Snow Lake. While the percentage of clinical utilization in NRHA is lower than the network percentage, this is the highest percentage we have achieved to date.

NOR-MAN's unique telehealth dermatology clinic continued to grow in popularity and accounts for a large portion of total clinical usage. New MBTelehealth clinical services

introduced in the region this year included:

- Expanded services for diagnosis and support for FASD
- Assessment and follow-up for Dialysis patients in The Pas and Flin Flon

Action Plan:

Telehealth priorities for 2010/11 and beyond include:

- Prepare for 2011 Accreditation Review of new national Telehealth Accreditation Standards
- Establishment of a dedicated telehealth clinical room in the new Medical Clinic in Flin Flon General Hospital
- Expansion of Telehealth services to the Primary Health Care Centres in The Pas and Flin Flon
- Expansion of MBTelehealth services to the NRHA operated health centres in Cranberry Portage, Cormorant and Sherridon
- Continued training of more NRHA staff to increase level of integration in region
- Expansion of MBTelehealth service to provincial Nursing Stations and Health Centres that are not operated by the NRHA in Moose Lake. And OCN

Further Telehealth system enhancements and equipment upgrades identified for existing sites include:

- replacement codecs for the Meeting rooms in Flin Flon General Hospital and Snow Lake Health Centre
- a larger flat screen monitor for the Room 233 in The Pas Health Complex

Date: January 2011 **Scorecard** System Competency
Area:
AIM Dimension: Effectiveness **Reporter/** MB Immunization
Board End: Healthy People **Source:** Monitoring System (MIMS)

Reporting Period: Trend Analysis 2005 - 2008

Indicator Name: **Childhood Immunization Rates**

Definition: % NOR-MAN children receiving required immunizations as per the routine immunization schedule. (Manitoba rate in brackets).

Results:
Interpretation:

	2005	2006	2007	2008
DaPTP-HIB > 1yr	73% (79%)	80% (80%)	74% (80%)	78% (79%)
DaPTP-HIB 2yrs	67% (68%)	67% (71%)	88% (73%)	70% (72%)
DaPTP-HIB 7yrs	74% (69%)	82% (71%)	78% (73%)	79% (72%)
MMR 2yrs	88% (85%)	87% (85%)	85% (86%)	92% (86%)
Measles 7yrs	82% (75%)	87% (79%)	94% (80%)	85% (78%)
Mumps/Rubella 7yrs	90% (95%)	97% (92%)	94% (92%)	94% (91%)
Complete for Age - 17yrs	58% (64%)	65% (64%)	61% (64%)	54% (64%)

Rating: **Good**

Data Source: Manitoba Immunization Monitoring System (MIMS), Annual Report 2008

Data Limitations - the category of "Complete for Age" may be misleading. Clients are only considered complete for age if they have received all vaccines recommended for them from birth to 17 years of age. Some children may not need a recommended vaccine. An example may be a child who has had chickenpox disease. They have immunity to chickenpox and as a result will not be immunized for chickenpox. These children are not considered complete for age will result in lower rates for this category.

Immunization rates are identified through the Manitoba Immunization Monitoring Systems (MIMS), using individual Personal Health Information Number (PHIN) and individual address. If an individual has left their community and has failed to change their address with Manitoba Health Service Commission (MHSC), they will still be identified as residing in NOR-MAN and will be reflected in our rates even if they are no longer a resident. When staff are made aware of new addresses, an effort is made to have the client update their information with MHSC in a timely fashion. The MIMS terminals used to input immunization data are found in only two communities in our region (The Pas and Flin Flon). This continues to cause delays in up to date data for reports. This does get reflected in the rates, as previous years rates increase as immunizations given are inputted into the MIMS system.

Overall, our immunization rates are on par with the Manitoba average. The total doses of vaccines administered to children in 2008 in the NOR-MAN region were 7,545. Of the 7,545 doses of vaccines administered, 79.1% were given by Public Health Nurses and 20.6% were administered in First Nation Communities of OCN, Easterville, Moose Lake, Grand Rapids and Pukatawagan.

During 2009/10, the Pandemic H1N1 was a priority, with 51% of NOR-MAN's population and 37% of the provincial population being vaccinated for H1N1. We were one of the only regions to vaccinate children in schools for H1N1. Our schools

NOR-MAN Regional Health Authority Quality Scorecard: System Competency (January 2011)

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assisted us with obtaining parental consents. Immunization presentations during the year occurred in schools of Nursing, workplaces, daycares, schools and prenatal classes. Newsletter and pamphlets were developed for schools and preschools for influenza and other vaccinations. A children's book which we also developed in NOR-MAN is used for younger children and their parents.

Extending hours of service to parents, utilizing Saturdays and evening clinics has met with great success. Parents are very appreciative of these extended hours. We have also taken our clinics outside of our office for influenza and for school immunizations. We have had clinics in the schools, halls, pharmacies and Wal-Mart. We find that it has improved access for clients.

In the fall of 2010, access to MIMS in the outlying communities (read only access) has assisted nurses in these communities to vaccinate children in a more timely fashion. Having this access has greatly improved immunization service for transient families/children.

Action Plan:

Continue to monitor indicator. A number of initiatives have been put in place in NOR-MAN to promote the importance of immunizations. The following practices will continue:

- Regional Nurses who immunize (from all jurisdictions except Pukatawagan) continue to meet every two months to work on matters pertaining to immunization. This includes professional development opportunities, orientation to new programs, planning of programs, discussions of regional and provincial immunization rates and strategies to improve immunization rates.
- The Immunization Coordinator will continue to be in contact with all communities as a resource and advisor for nurses who immunize.
- Continue to enhance communication and participation in regional meeting, to ensure that all nurses who immunize are receiving the Manitoba Health updates.
- Due to the transient nature of the families in many communities, flexibility in offering immunizations is key to improving our immunization rates. We will continue to vaccinate children at every opportunity.
- As well, immunization records will continue to be reviewed when there is contact with a child for other reasons. Using this opportunity to immunize is an important strategy to keep our children up to date.
- Communication between health care professionals in the various communities continues to be essential in assisting with those families moving either within or in and out of the region to ensure that immunizations are up to date.
- The Immunization Coordinator will continue to deliver immunization training sessions to nursing students attending the University College of the North to ensure that they are able to answer immunization questions including addressing the benefits of immunization when asked.
- The two (2) year immunization is sometimes forgotten by parents as is evident in lower rates in previous years. To address this, a certificate recognizing completion of immunization was developed by one of our nurses. It is seen as an incentive for some parents to complete their child's immunization. Other initiatives such as making appointments for the next immunization before clients leave the office and phone call reminders the day before appointments have been successful in some communities.
- Poor school leaving booster rates are believed to be caused by the lack of returned consents for this age group, and the number of students dropping out of school. Phone consents will continue to be obtained when written consents are not received. To improve the immunization rates in this population, NOR-MAN

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region was one of the regions in Manitoba to pilot vaccination in grade eight (8) rather than grade nine (9) beginning in January 2007. NOR-MAN nurses in all communities reported greater success in reaching children in this grade and with permission from Manitoba Health we continue to deliver the school leaving booster in Grade 8.

- With Manitoba Health's assistance, reminder letters are sent to parents of children who are under immunized at 15 months, 20 months and 5.5 years of age. Nurses in each community are also notified and given names of the children receiving letters. As a result reminder letters are being followed by a call from the nurse to the parents. In this manner, address changes are made, MIMS records are corrected and those children under immunized are brought in for catch-up.
- The reminder letters program now includes 15.5 year olds, this part of the program has not been implemented fully yet due to staffing shortages in Winnipeg, however when this does occur we feel it will help tremendously in improving the rates for this age group.
- Other measures we would like to implement involve utilizing social networking communications like facebook, twitter and reminders using e-mail as parents are increasingly using computers for their information and their reminders.

Date: January 2011
Scorecard Area: System Competency
AIM Dimension: Effectiveness
Reporter/Source: MB Health – Health Information Management
Board End: Healthy People

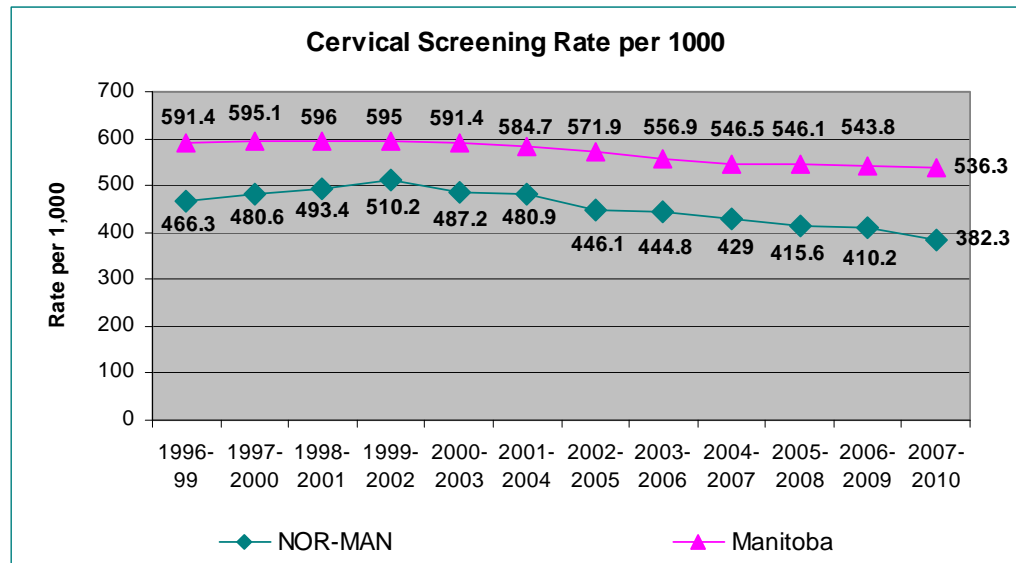
Reporting Period: Trend Analysis: 1996 -1999 to 2007 - 2010

Indicator Name: Cervical Screening Rates

Definition: Cervical Screen Rates per 1000 discrete patients

Results Interpretation:

Rating: Data Limitations



Cervical screening rates for Manitoba have declined slightly over the last several reporting periods. While, the NOR-MAN rates are lower than the provincial average, they are showing the same declining trend as the provincial rates. A concern identified by NRHA staff is that pap tests completed by nurses and midwives are not included in the provincial statistics. The practice of only reporting on physician delivered service has impacted the NRHA's numbers in the last five time periods as pap tests are now being done by Primary Health Care nurses as part of the NRHA's Well Women and Youth Health Clinics and by NRHA Midwives as part of their practice.

Our Primary Health Care Centres continue to provide cervical screening services at both our Well Women's and Youth Health Clinics held at the Primary Health Care Centres in The Pas, Flin Flon and Cranberry Portage. Of note, during the time period of April 1, 2009 to March 31, 2010, NRHA Primary Health Care Nurses completed **457 pap tests** and NRHA Midwives completed **34 pap tests** in the region which are not captured in the above graph. A total of 1,960 pap tests have been completed in the NOR-MAN region by NRHA Primary Health Care nurses in the past six (6) years.

The NRHA Primary Health Care Centres continue to promote the importance of cervical screening. In October 2010, a Walk-in Pap Clinic was hosted with extended hours in Flin Flon and saw a total of 39 women over the two (2) days.

Of special note is the fact that cervical screening guidelines have changed. Now girls wait three (3) years before their first pap following becoming sexually active, and it is every two (2) years now for continued routine screenings.

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Action Plan:

Continue to monitor rates. Continue to promote the importance of cervical screening as one of the NRHA's strategic priorities. The NRHA needs to revamp our data collection tools to ensure that we are collecting data from both Primary Health Care nurses and Midwives. All NRHA Primary Health Care Nurses and Midwives that provide Cervical Screening services have been given a registration number and the services they are providing may be part of future data reporting by Manitoba Cervical Screening.

Date: January 2011
Scorecard Area: System Competency
AIM Dimension: Effectiveness
Reporter/ Board End: Healthy People
Source: MB Health – Health Information Management

Reporting Period: Trend Analysis: 2003 -2006 to 2007 - 2010

Indicator Name: **Cervical Screening Rates by Community**

Definition: Cervical Screen Rates per 1000 discrete patients by community

Results:
Interpretation:

	2003-06	2004-07	2005-08	2006-09	2007-10
Misipawistik CN	145.3	97.6	181.1	261.2	295.5
Grand Rapids	197.4	212.8	209.0	216.0	219.5
Chemawawin CN	195.0	187.9	170.7	206.9	202.2
OCN	373.7	568.5	387.9	443.6	450.4
The Pas	446.1	437.0	438.5	427.3	402.5
RM of Kelsey	459.6	431.6	472.8	437.8	403.5
Mosakahiken CN	172.7	219.3	250.0	319.3	296.3
Snow Lake	401.4	417.3	414.3	421.2	366.1
Flin Flon	578.9	526.9	487.3	471.7	416.6
Mathias Colomb CN	231.0	183.1	219.1	222.8	232.4
Unorganized	319.2	315.7	314.4	318.0	324.4
NOR-MAN	444.8	429.0	415.6	410.2	382.3
MANITOBA	556.9	546.5	546.1	543.8	536.3

Rating: Data Limitations

The green highlighted numbers above show the communities that were able to achieve an increase in there rate from the previous year.

Overall, the NOR-MAN region has experienced a decrease in Cervical Screening Rates in each of the last five (5) reporting periods. When reviewing the data at a community level the wide discrepancy in rates between communities continues to be evident. The highest rates of screening (over 400/1000) continue to be observed in the communities of OCN, Flin Flon, RM of Kelsey and The Pas. The lowest screening rates are Chemawawin CN, Grand Rapids, Mathias Colomb CN, Misipawistik CN, Mosakahiken CN and Snow Lake. However, the good news is the

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observed increased rates for the communities of Misipawistik CN (3rd increase), Grand Rapids (2nd increase), OCN (2nd increase), Mathias Colomb CN (3rd increase) and the Unorganized Territory (2nd increase).

As mentioned with the previous indicator, there is data limitations as cervical screening tests being provided through the NRHA Primary Health Care Centres are not captured in the above data chart.

Action Plan:

As in the previous indicator, data limitation must be considered when reviewing the data. Unfortunately, NRHA does not have jurisdiction in areas where cervical screening rates are low. Continue to promote the importance of cervical screening as an important early intervention strategy in all communities. Continue to work in partnership with all jurisdictions to ensure access to cervical screening services.

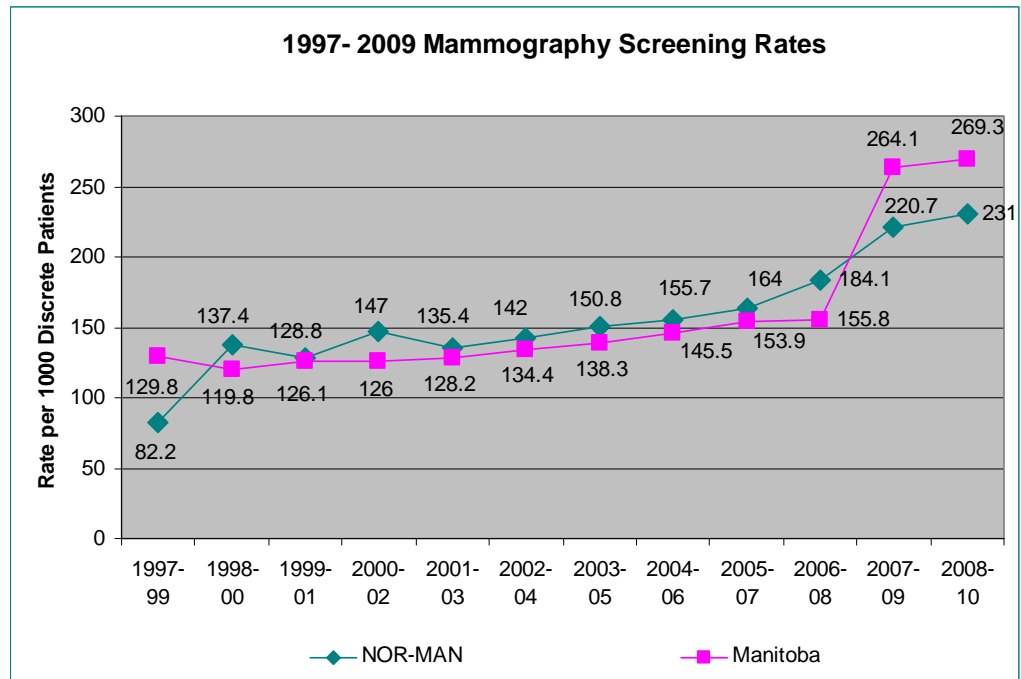
Date: January 2011
Scorecard Area: System Competency
AIM Dimension: Effectiveness
Reporter/Source: MB Health – Health Information Management
Board End: Healthy People
Reporting Period: Trend Analysis 1997-99 to 2008-10

Indicator Name: Mammography Screening Rates

Definition: Mammography Screening Rates per 1000 Discrete Patients
 (Contains all women who physicians bill under the tariff code 7104)

Results Interpretation:

Rating: **Good**



The 2008-2010 Mammography Screening Rates for NOR-MAN experienced an increase; however the increase was not as large as the provincial rate increase. This is the second time since 1997-1999 that the NOR-MAN rate is lower than the provincial rate. In 1997-1999, NOR-MAN had the lowest rate of all RHA's in the province. The Manitoba Mobile Breast Screening Program has had a significant impact on breast screening rates as the 1997-99 reporting period that NOR-MAN was under the provincial rate was prior to the Mobile program being introduced. See the upcoming "Mobile Breast Screening Indicator" for more detail.

Action Plan: Continue to monitor indicator. Continue to promote the importance of mammography screening as an early intervention strategy.

Date: January 2011 **Scorecard Area:** System Competency
AIM Dimension: Effectiveness **Reporter/Source:** MB Health – Health Information Management
Board End: Healthy People
Reporting Period: Trend Analysis: 2004 -2006 to 2008 -2010

Indicator Name: Mammography Screening Rates by Community

Definition: Mammography Screening Rates per 1000 Discrete Patients by Community (Contains all women who physicians bill under the tariff code 7104)

Results:
Interpretation:

Rating: Good

	2004/06	2005/07	2006/08	2007/09	2008/10
Misipawistik CN	75.3	63.2	47.6	74.8	75.0
Grand Rapids	96.6	138.9	133.0	144.9	157.1
Chemawawin CN	84.0	85.3	87.6	106.4	125.0
OCN	111.5	91.3	116.5	141.7	132.7
The Pas	146.8	147.6	184.1	225.5	234.4
RM of Kelsey	184	219.7	243.2	296.9	317.5
Mosakahiken CN	126.3	118.3	157.9	168.2	88.5
Snow Lake	200.0	242.9	241.3	331.3	320.2
Flin Flon	191.7	203.4	213.6	246.1	269.3
Mathias Colomb CN	64.7	83.9	88.7	111.5	105.6
Unorganized	100.8	108.6	129.0	148.1	157.4
NOR-MAN	155.7	164.0	184.1	220.7	231.0
MANITOBA	145.5	153.9	155.8	264.1	269.3

The blue highlighted numbers above show the communities that were able to achieve a rate higher than the provincial rate.

Mammography Screening Rates vary considerably between NOR-MAN communities. Those communities with a rate higher than the Manitoba average includes Snow Lake, and the RM of Kelsey. Rates on par with the Manitoba average include Flin Flon. Rates lower than the provincial rate includes Misipawistik Cree Nation, Chemawawin Cree Nation, Mathias Colomb Cree Nation, Opaskwayak Cree Nation, Grand Rapids, Unorganized, The Pas, and Mosakahiken Cree Nation. On a positive note, most NOR-MAN communities have shown an improvement in their rates from the previous time period with the exception of both OCN and Snow Lake.

Action Plan: See previous indicator. Unfortunately, NRHA does not have jurisdiction in areas where mammography screening is low. Continue to promote mammography screening in the region and in particular, the communities where rates are lower than the regional and provincial average.

Date: January 2011 **Scorecard Area:** System Competency
AIM Dimension: Effectiveness **Reporter/Source:** MB Breast Screening Program (MBSP)
Board End: Healthy People

Reporting Period: Trend Analysis 2002-2004 to 2008-2010

Indicator Name: Mobile Breast Screening Rates

Definition: % of women aged 50 to 69 years who participated in the MB Mobile Breast Screening program by community over two year time period.

Results:
Interpretation:

Rating: Green

Community	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10
Flin Flon	62%	66%	65%	64%	63%	62%	64%
Channing	25%	46%	58%	46%	40%	40%	39%
Cormorant	50%	54%	61%	63%	63%	66%	74%
Cranberry	46%	50%	52%	56%	55%	61%	56%
Sherridon	46%	33%	0%	14%	22%	10%	20%
Snow Lake	59%	58%	69%	61%	66%	58%	58%
Wanless	58%	65%	60%	71%	67%	76%	68%
The Pas	60%	54%	52%	62%	60%	59%	60%
OCN	67%	57%	63%	62%	56%	49%	52%
Moose Lake	63%	50%	51%	66%	63%	38%	34%
Easterville	52%	53%	52%	60%	66%	66%	59%
Grand Rapids	44%	44%	46%	39%	40%	40%	51%
Pukatawagan	48%	43%	59%	58%	46%	45%	49%
Regional Total	58%	57%	57%	61%	60%	59%	59%

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

The 2010 Manitoba Breast Screening report reveals a 59% 2-year participation rate in the NOR-MAN region for women ages 50 to 69. This is a 1% decrease from two years ago and a 0% decrease from last year. An increase in the participation rate was reached in seven (7) communities (Cormorant, Grand Rapids, Flin Flon, Sherridon, The Pas, OCN and Pukatawagan) in 2008-2010 with Cormorant and Grand Rapids experiencing the most improvement. Of note, Cormorant achieved a rate higher than the Canadian goal of 70%.

Health staff from Cormorant, Moose Lake, Easterville, and Opaskwayak Cree Nation organized group appointments to The Pas, to remove barriers preventing women from being screened with a total of 72 women being screened.

One of the difficulties in being able to achieve the 70% goal is the number of appointments that we are allotted each year. This is attributable to an increase in the population of women age 50 – 69 years as well as increased screening of women over the age of 70 years. In 2010, additional appointments were added to both Flin Flon and The Pas and 951 NOR-MAN women were screened on the mobile unit. Of the 951 women screened to date in 2010, 71 were women over the age of 70 (these 71 women are not members of the target population and are not included in the regional chart totals above).

NOR-MAN Regional Health Authority Quality Scorecard: System Competency (January 2011)

Colour Codes: Blue= Optimal; Green = Good/ Ongoing CQI; Yellow = Warning/ Room for Improvement; Dark Yellow = Data limitations/New Data Not Available; Red = Trouble/ Extensive Work Required; Black = In development

Action Plan:

Continue to monitor indicator. Continue to partner with the Manitoba Mobile Breast Screening Program to promote this program and to advocate for additional appointments in NOR-MAN in order to reach the target of 70% of the population of women 50 to 69 years every two (2) years. The mobile unit is scheduled to visit Flin Flon and The Pas in 2011. The NOR-MAN Breast and Women's Cancer Network continues to distribute shower cards and flowers promoting breast health.

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Date: January 2011 **Scorecard Area:** System Competency
AIM Dimension: Effectiveness **Reporter/S** CIHI – CHAP2 Hospital
Board End: Optimal Recovery **ource:** Summary Report
Reporting Period: Fiscal Year 2007/08 vs. 2008/09 vs. 2009/10

Indicator Name: Readmission Rates

Definition: Readmission rates by % of the total hospital cases for Flin Flon General Hospital (FFGH), The Pas Health Complex (TPHC) and Snow Lake Health Centre (SLHC):

- **Total Cases** - the total number of hospital separations for the reporting period
- **<=7 Days** - the count of unplanned readmissions to the hospital within 7 days as a percentage of the total hospital cases
- **8 – 28 days** - the count of unplanned readmissions to the hospital within 8 – 28 days as a percentage of the total hospital cases
- **DS<=7 Days** - the count of unplanned readmissions to the hospital from Day Surgery within 7 days as a percentage of the total hospital cases

Results:
Interpretation:

Rating: Warning

2009-10				
	Total Cases	% Unplanned Readmissions		
		<=7 days	8-28 days	DS <=7 days
SLHC	16	0.0	6.3	0.0
FFGH	1228	0.1	0.5	0.0
TPHC	2625	7.5	6.3	0.0
NRHA Totals	3869	5.1	4.4	0.0
MB Totals	133,845	1.0	1.4	0.4

2008-09				
	Total Cases	% Unplanned Readmissions		
		<=7 days	8-28 days	DS <=7 days
SLHC	21	0.0	0.0	0.0
FFGH	1314	0.8	0.5	0.1
TPHC	2487	9.6	6.9	0.0
NRHA Totals	3822	6.5	4.7	0.0
MB Totals	132,371	1.1	1.5	0.4

2007-08				
	Total Cases	% Unplanned Readmissions		
		<=7 days	8-28 days	DS <=7 days
SLHC	29	3.4	13.8	3.4
FFGH	1644	3.1	6.0	0.1
TPHC	2547	10.2	7.6	0.0
NRHA Totals	4220	7.4	7.0	0.1
MB Totals	131,6550	2.3	3.0	0.8

NOR-MAN Regional Health Authority Quality Scorecard: System Competency (January 2011)
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The table highlights readmission rates for NRHA facility by fiscal year for the last three fiscal years. As shown, NOR-MAN has higher rates for both the under 7 days and the 8 – 28 days readmission codes than the Manitoba average in each fiscal year shown. The majority of the unplanned readmissions are for female patients (2006/07 = 63%, 2007/08 = 61.2%, 2008/09 = 62.5%, and **2009/10 = 62.4%**) with the majority of the readmits coming through the ER (2007/08 = 61.3%, 2008/09 = 61.5%, and **2009/10 = 61.9%**).

Action Plan:

Further analysis of this indicator is required to better understand why and which patient types are being readmitted to our facilities.

A new Date Management Utilization Working Group has just been formed. This Working Group will start meeting in 2011 and will be looking into this indicator.

Date: January 2011 **Scorecard Area:** System Competency
AIM Dimension: Effectiveness **Reporter/Source:** Infection Control
Board End: Excellence in Patient Safety & Quality of Care

Reporting Period: Trend Analysis Fiscal Year 2005/06 to 2008/09

Indicator Name: Healthcare Associated (HA) Infection (HAI) Rates

Definition:
Hospital Rate: $\frac{\# \text{ HA Infections}}{\text{Total patients discharged}} \times 100$
Surgical Rate: $\frac{\# \text{ HA Infections}}{\text{Total surgical procedures}} \times 100$
PCH Rate: $\frac{\# \text{ HA Infections}}{\text{Total resident days}} \times 1000$

Results:
Interpretation:

Rating: Optimal

Hospital Rate	2006/07	2007/08	2008/09	2009/10
St. Anthony's Hospital	1.26	0.4	0.4	0.1
Flin Flon General Hospital	0.6	0.3	0.7	0.1
Surgical Rates	2006/07	2007/08	2008/09	2009/10
St. Anthony's Hospital	1.22	1.0	0.6	1.3
Flin Flon General Hospital	1.5	1.3	1.3	0.2
PCH Rates	2006/07	2007/08	2008/09	2009/10
Flin Flon PCH	0.2	1.1	2.4	0.8
Northern Lights Manor	0.08	0.3	2.2	2.0
St. Paul's	0.18	0.1	0.4	1.2

In The Pas, we observed an increase in the number of Surgical Site Infections (SSIs) from four (4) in 2008/09 to nine (9) in 2009/10. The Personal Care Home rate at St. Paul's was higher in 2009/10 due to a gastro-intestinal outbreak in March 2010. The rates for Long Term Care Facilities in Flin Flon in 2008/09 were higher than previous years due to a gastrointestinal (GI) outbreak.

The Staff Health/ Infection Control Departments continue to monitor Healthcare Associated Infection Rates. Locally set standards for infection control are less than 3% for Hospital and Surgical Rates and less than 2.5 infections per 1000 resident days for Long Term Care. NRHA rates are all below the standard that has been set, which is optimal.

Action Plan: Continue to monitor rates.

Date: January 2011 **Scorecard Area:** System Competency
AIM Dimension: Competence **Reporter/Source:** NRHA General Ledger
Board End: Excellence in Patient Safety & Quality of Care

Reporting Period: Fiscal Year 2009/10

Indicator Name: Staff Training Indicator

Definition: Average \$ / # employee: $\frac{\text{Staff Development Operating Budget}}{\text{Total \# of employees}}$
 Internal Education Sessions - sessions by category, # of participants
 External Education Sessions - sessions, # of participants by program area

Results: Staff Development Budget \$730,111.96 = \$727.20 per employee
Interpretation: Total # of employees 1004

Rating: Good

Staff Education Internal Sessions	# People	Staff Education External Sessions	# People	Required	#
Dealing with Difficult People / Bullying	62	PHC/ Community	31	CPR	191
Wound care	32	OBS	14	ILS	0
MBTelehealth	172	Chemo/ Pharmacy	3	NRP	29
ASIST	9	Long Term Care	11	ACLS	36
Healthy Infant Sleep	9	Admin	13	TNCC/ENCP	3
Attendance Support	9	RESP	2	General Orientation	82
Acorn	26	PT/OT	5	RWP	65
Cancer Day	14	ER	15	ERT	121
Nurses Who Immunize	14	DSM	0	Leadership Mgmt	62
BIG	13	Support services	7	Lifts and Transfers	76
Cancer Pro	18	Staff Ed	5	NVCI	60
Protection for Persons in Care	15	Med/Peds	5	computer	0
IMS/ Emergency Operations Center	16	Dialysis	3	IV Infusion Pumps	168
Lunch and Learn	260	EMS	0	WHIMIS	388
Contraception 101	19				
Building Resilient Teams	21				
Patient Safety	22				
Mental Health & Psychological First Aid	45				
Intra Partum & Fetal Health	57				
Buffy Code	8				
Acute Stoke Workshop	31				
EAP Workshops	29				
BUG Day	18				
Food Safe	29				
Riverview Rehab Series	46				
Procedural Sedation	26				
TOTAL 2009-10	1020		114		1281
TOTAL 2008-09	1469		197		1190

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Action Plan:

Participation in required training continues to increase as staff and managers become accountable for their learning needs. As staff take advantage of online training and Telehealth education sessions, the need for external sessions is slowly decreasing. Staffing shortages continue to be an ongoing variable in the availability of staff to attend training. Staff who participate in education sessions are required to complete evaluations and staff continue to note how much they value continuing education.

The Staff Education Department continues to facilitate training based on needs within the RHA including but not limited to:

- Accreditation requirements
- Work Place Health and Safety Issues and
- Continuing Competencies that are department specific.

Date: January 2011 **Scorecard Area:** System Competency
AIM Dimension: Safety **Reporter/Source:** Occurrence Report Database
Board End: Excellence in Patient Safety & Quality Care

Reporting Period: Fiscal Year 2007/2008 to 2009/2010

Indicator Name: **Occurrence Reporting**

- Occurrence by Type of Event**
 - # of Occurrences
 - # of Critical Occurrences
 - # of Critical Clinical Occurrences
 - # of Near Misses

Definition:

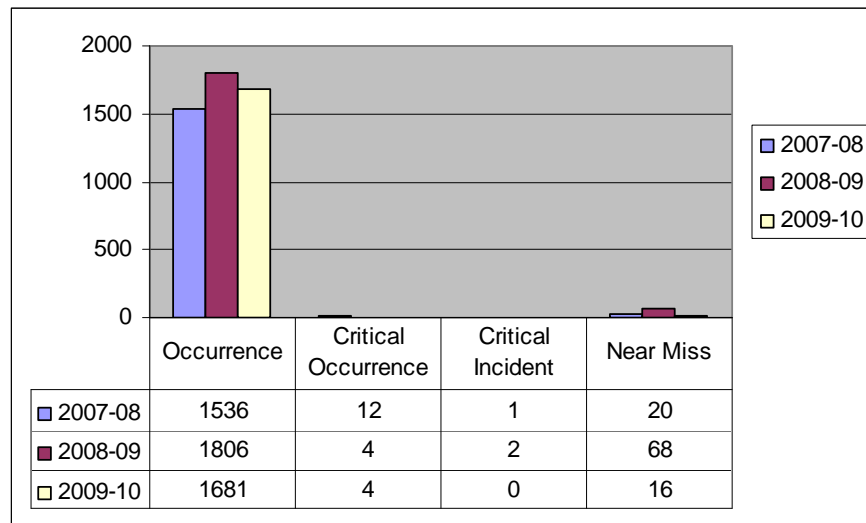
Occurrence = “an event or circumstance that resulted in or could have resulted in an unintended, undesired outcome (does not involve substantial risk or harm) involves anyone or anything including damage/ loss to property or equipment.”

Critical Occurrence = “an occurrence involving substantial risk or harm to staff, visitors, others associated, property or equipment (does not involve patient, resident or client).”

Critical Incident = “an occurrence that resulted in disability, death, admission to hospital or prolonged hospital stay, which was not the result of the client’s health status.”

Near Miss = “an occurrence that could have resulted in an unintended, undesired client outcome including disability, death, admission to hospital or prolonged hospital stay, and was not a result of the client’s health status.”

Results:
Interpretation:
Rating: **Good**



We have been streamlining our occurrence reporting system to promote the importance of occurrence reporting and simplifying the process for reporting by staff. Ongoing education is being provided to staff about what classifies as occurrences, critical incidents, critical occurrences and near misses to ensure consistent reporting.

Of the occurrences reported, 98% were categorized as Occurrences. With the passing of Bill 17 Legislation, mandatory reporting of all critical incidents is required. In 2009/10, the NRHA had no critical incidents to report.

Action Plan:

In the fall of 2008, a re-vamped occurrence reporting process and form were rolled out to all staff. The intent of the changes was to:

- Align current policy and procedures with Manitoba Health reporting requirements.
- Ensure the Occurrence Report Form was compatible with both the Brandon system we are currently using and our own reporting requirements.
- Streamline the process for staff to encourage reporting.
- Improve the quality of data collected in the occurrence database.

A commitment was made to utilize the new Occurrence Report form for one year. The one year review process was completed and feedback was very positive. The form is more user-friendly, captures useful data and has encouraged increased reporting. The goal is to review the process annually to ensure that it remains a useful avenue for staff to address safety concerns and for maintaining patient safety.

In the recent Patient Safety Survey (see results p. 26), it was also noted that staff felt there was not consistent feedback to staff regarding changes put into place based on occurrence reports. As a result, we have begun completing Root Cause Analyses for occurrences that may have patient safety concerns or significant impact on our services but are not classified as Critical Incidents or Critical Occurrences. As well we have developed a Risk, Quality & Patient safety newsletter for staff which contains site specific occurrence statistics and patient safety "Good Catches" by staff that are reported through the occurrence reporting process.

This indicator will continue to be monitored. We will continue to encourage the reporting of occurrences by staff, as it is a vehicle for the identification of Continuous Quality Improvement initiatives and process improvements.

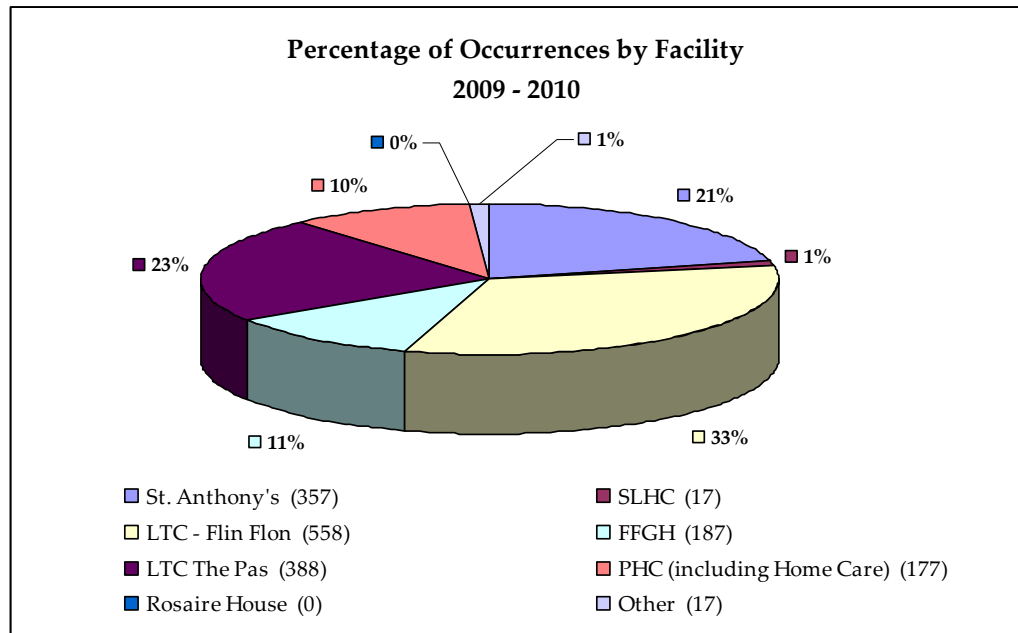
Date: January 2011
Scorecard Area: System Competency
AIM Dimension: Safety
Board End: Excellence in Patient Safety & Quality Care
Reporter/Source: Occurrence Report Database
Reporting Period: Fiscal Year 2009/2010

Indicator Name: Occurrence Reporting
 • **Percentage of Occurrences by Facility**

Definition: $\frac{\# \text{ of Occurrence by Facility}}{\text{Total \# of Occurrences}}$

Results Interpretation:

Rating: **Good**



The largest percentage of occurrences (56%) was from Long Term Care. The highest rate of 33% was from Long Term Care in Flin Flon, followed by 23% from Long Term Care in The Pas. St. Anthony's had the third highest rate at 21% followed by the Flin Flon General Hospital at 11% and Primary Health Care (which includes Home Care) at 10%. Snow Lake and Other both have 1% of the occurrences in the region.

Action Plan: See previous Occurrence Reporting Indicator for Action Plan. Continue monitoring of this indicator is recommended.

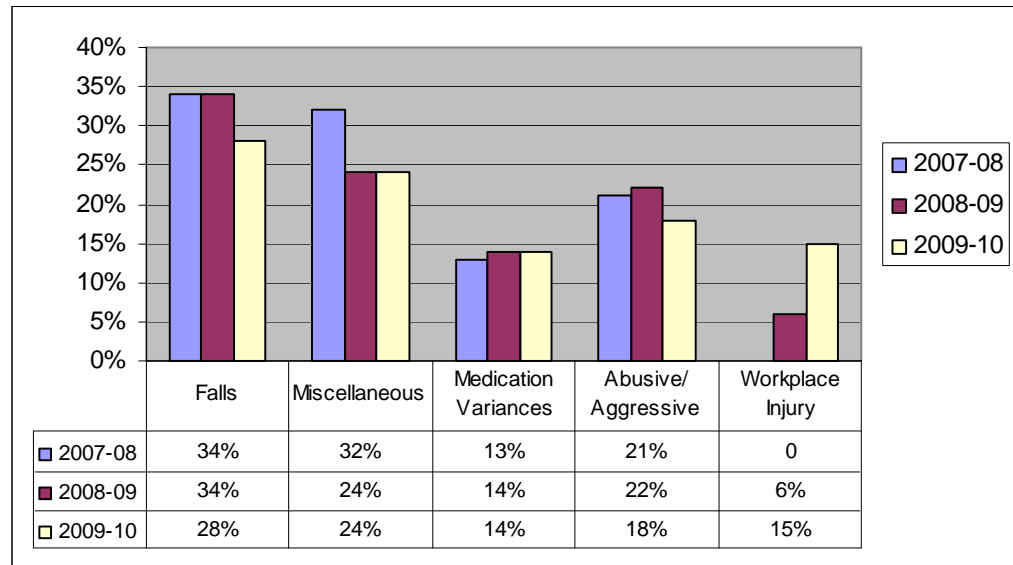
Date: January 2011 **Scorecard Area:** System Competency
AIM Dimension: Safety **Reporter/Source:** Occurrence Report Database
Board End: Excellence in Patient Safety & Quality Care

Reporting Period: Fiscal Year 2007/2008 to 2009/2010

Indicator Name: Occurrence Reporting
 • **Percentage of Occurrences by Category**

Definition: # of Occurrence by Category
 Total # of Occurrences

Results:
Interpretation:
Rating: **Good**



The percentage of occurrences reported under Workplace Injury has more than doubled from 2008/09 to 2009/10. The cause of this is due to the fact that Workplace Injury was added as a new category in 2008/09 and staff have become orientated to the new process. Prior to 2008/09 Workplace Injuries were reported under the Miscellaneous category.

Of the occurrences reported in 2009/10, 480 (28%) were falls, 418 (24%) were reported in the miscellaneous category, 307 (18%) were aggressive/abusive, 239 (14%) were medication variances and 248 (15%) were workplace injury.

Action Plan: See previous Occurrence Reporting Indicator for Action Plan. Continue monitoring of this indicator is recommended.

Date: January 2011 **Scorecard Area:** System Competency
AIM Dimension: Safety **Reporter/Source:** Occurrence Report Database
Board End: Excellence in Patient Safety & Quality Care

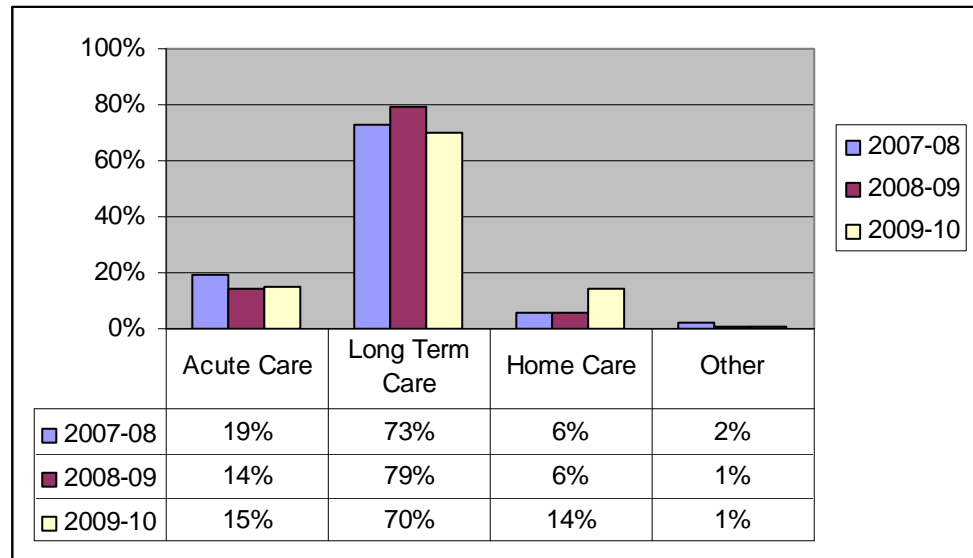
Reporting Period: Fiscal Year 2007/2008 to 2009/2010

Indicator Name: Occurrence Reporting
 • **Percentage of Falls Occurrences by Health Care Sector**

Definition: # of Fall Occurrences by Health Care Sector
 Total # of Fall Occurrences

Results:
Interpretation:

Rating: **Good**



As noted in the previous indicator, falls account for the greatest percentage of occurrences in 2009-10 at 28% (477 occurrences). When reviewing by sector, our greatest percentage of falls is in our Long Term Care Facilities. The number of occurrences in 2009-10 was 333 occurrences which accounted for 70% of the fall occurrences in the region. We have begun to see a decline in falls in most sectors except Home Care. The percentage of occurrences in Home Care increased from 6% (38 occurrences) in 2008-09 to 14% (69 occurrences) in 2009-10. A fall prevention program was implemented in December 2005 and is monitored through our Accreditation Process. Fall prevention will need to be a priority area for Home Care in the upcoming year.

Action Plan: See previous Occurrence Reporting Indicator for Action Plan. Continue monitoring of this indicator is recommended.

Date: January 2011 **Scorecard** System Competency

AIM Dimension: Safety
Board End: Excellence in Patient Safety & Quality Care

Area:
Reporter/Source: Occurrence Report Database

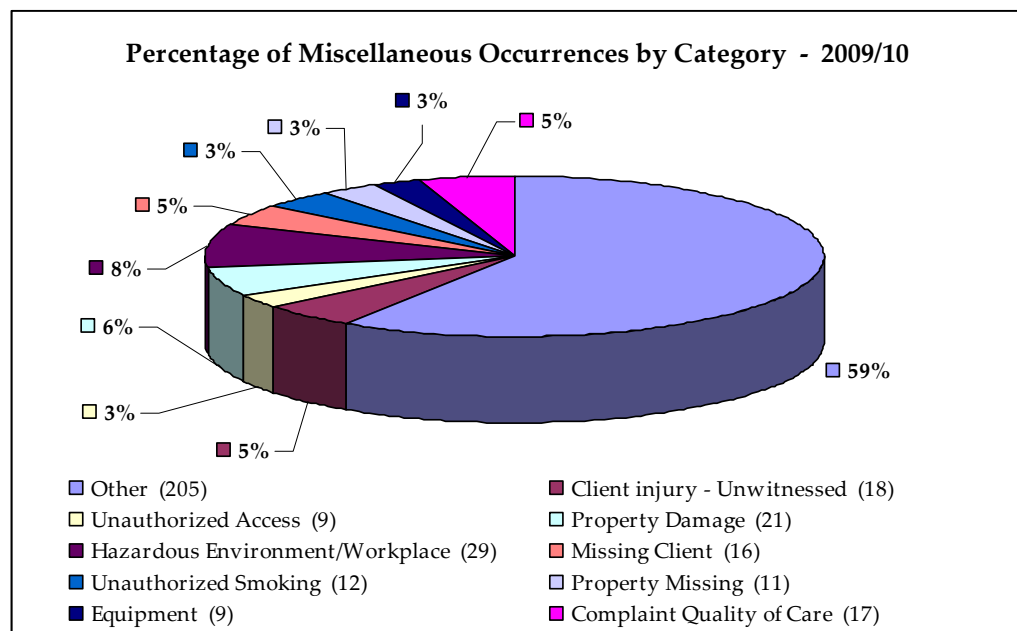
Reporting Period: Fiscal Year 2009/2010

Indicator Name: Occurrence Reporting
• **Percentage of Miscellaneous Occurrences by Category**

Definition: # of Miscellaneous Occurrence by Category
Total # of Miscellaneous Occurrences

Results:
Interpretation:

Rating: **Good**



Of the occurrences reported in the miscellaneous category the top ten types were: 205 (59%) were Other, 29 (8%) Hazardous Environment/Workplace condition, 21 (6%) Property Damaged, 18 (5%) Client Injury - Unwitnessed, 17 (5%) Complaint – Quality of Care, 16 (5%) Missing Client, 12 (3%) Unauthorized Smoking, 11 (3%) Property Missing, 9 (3%) Unauthorized Access, and 9 (3%) Equipment.

Action Plan: See previous Occurrence Reporting Indicator for Action Plan.
Continue monitoring of this indicator is recommended.

Date: January 2011 **Scorecard** System Competency
Area:
AIM Dimension: Safety **Reporter/** Accreditation Canada
Board End: Excellence in Patient Safety & Quality Care **Source:**

Reporting Period: October 2010

Indicator Name: **Culture of Patient Safety Survey**
 • **Response Rate**
 • **Culture of Patient Safety Survey Results**

Definition: Percent Strongly Agree/ Agree; Percent Acceptable/ Neutral; Strongly Disagree/ Disagree (National Results)

Results: **Response Rate: 34% (324/955)**

As part of the Accreditation Canada survey process, NOR-MAN Regional Health Authority participated in an on-line Patient Safety Culture Survey in October 2009. The response rate was higher than the required number of responses as specified by Accreditation Canada.

Rating: Data
Limitations –New
Data Not
Available

Overall Patient Safety Grade	% VG/ Excellent	% Acceptable	% Poor/ Failing
1. Please give the organization an overall grade on patient safety.	47.8% (64%)	45.4% (30%)	6.7% (6%)
2. Please give your unit an overall grade on patient safety.	64.8% (72%)	29.9% (24%)	5.1% (4%)
Senior Leadership Support for Safety	% Agree	% Neutral	% Disagree
1. Patient safety decisions are made at the proper level by the most qualified people.	73.5% (77%)	14.2% (13%)	8.9% (9%)
2. Good communication flow exists up the chain of command regarding patient safety issues.	63.3% (70%)	15.1% (16%)	18.5% (14%)
3. Senior Management has a clear picture of the risk associated with patient care.	53.1% (62%)	21.6% (22%)	21.3% (16%)
4. Senior Management provides a climate that promotes patient safety.	68.5% (72%)	16.4% (18%)	11.8% (11%)
5. Senior Management considers patient safety when program changes are discussed.	51.5% (64%)	31.2% (25%)	11.1% (10%)
6. My organization effectively balances the need for patient safety & need for productivity.	54% (59%)	32.1% (25%)	10.8% (16%)
7. I work in an environment where patient safety is a high priority.	72.8% (79%)	17% (12%)	4.3% (8%)

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Supervisory Leadership for Safety	% Agree	% Neutral	% Disagree
1. My unit takes the time to identify and assess risks to patients.	72.8% (80%)	8.6% (13%)	4.3% (7%)
2. My unit does a good job managing risks to ensure patient safety.	75.3% (80%)	8% (13%)	3.7% (7%)
3. I am rewarded for taking quick action to identify a serious mistake.	23.1% (31%)	39.5% (33%)	31.7% (36%)
4. My manager says a good word when she sees a job well done according to established patient safety procedures.	44.8% (53%)	24.1% (23%)	19.5% (24%)
5. My manager seriously considers staff suggestions for improving patient safety.	64.2% (67%)	16.7% (19%)	10.2% (14%)
6. Whenever pressure builds up, my manager wants us to work faster, even if it means taking short-cuts.	5.8% (14%)	12.3% (17%)	71.6% (69%)
7. My manager overlooks patient safety problems that happen over and over.	7.4% (14%)	10.2% (14%)	69.4% (71%)
Threats to Safety			
1. Loss of experienced personnel has negatively affected my ability to provide high quality care.	26.5% (33%)	22.5% (24%)	33% (42%)
2. I have enough time to complete patient care tasks safely.	50.7% (51%)	18.8% (21%)	11.7% (28%)
3. In the last year, I have witnessed a co-worker do something that appeared to me to be unsafe for the patient in order to save time.	19.7% (27%)	13.9% (17%)	46.6% (56%)
4. I am provided with adequate resources to provide safe patient care.	40.4% (52%)	18.8% (20%)	25.6% (28%)
5. I have made significant errors in my work that I attribute to my own fatigue.	8.3% (9%)	10.5% (11%)	71.3% (80%)
6. I believe that health care error constitutes a real & significant risk to patients that we treat.	69.8% (72%)	14.2% (14%)	10.2% (14%)
7. I believe health care error often goes unreported.	52.5% (44%)	22.2% (24%)	19.5% (32%)
8. I am less effective at work when I am fatigued.	83.3% (77%)	7.7% (10%)	6.8% (13%)
9. Personal problems can adversely affect my performance.	57.4% (50%)	14.8% (18%)	26.6% (32%)
Fear of Repercussions			
1. Reporting a patient safety problem will result in negative repercussions for the person reporting it.	10.2% (12%)	13.6% (13%)	72.6% (75%)
2. Asking for help is a sign of incompetence.	3.1% (6%)	4.6% (5%)	92% (89%)
3. If I made a mistake that has significant consequences and nobody notices, I do not tell anyone.	3.1% (4%)	1.9% (4%)	92.9% (92%)
4. I will suffer negative consequences if I report a patient safety problem.	6.5% (7%)	11.1% (10%)	79.4% (83%)

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Learning Responses	% Agree	% Neutral	% Disagree
1. Individuals involved in major events contribute to the understanding and analysis of the event and the generation of possible solutions.	58.4% (70%)	21.5% (23%)	6.1% (7%)
2. A formal process for disclosure of major events to patients/ families is followed & includes support mechanisms for patients/family/ care providers.	41.2% (65%)	29.2% (27%)	8.9% (8%)
3. The patient/family are invited to be directly involved in the entire process of understanding what happened following a major event & generating solutions for reducing reoccurrence.	30.2% (56%)	34.2% (32%)	13.9% (12%)
4. Things that are learned from major events are communicated to staff on our unit using more than one method so all staff hear about it.	51.7% (69%)	20.6% (18%)	11.7% (13%)
5. Changes are made to reduce re-occurrence of major events.	61.6% (76%)	18.5% (17%)	7% (6%)
Reporting Culture			
1. I am sure that if I report an incident to our reporting system, it will not be used against me.	62.1% (64%)	18.2% (18%)	18.2% (18%)
2. I am not sure about the value of completing incident reports	24.1% (15%)	15.1% (16%)	58.3% (69%)
3. If I report a patient safety incident, I know that management will act on it.	57.1% (72%)	27.8% (17%)	13.6% (11%)
4. Staff are given feedback about changes put in place based on incident reports.	36.7% (54%)	25.9% (22%)	32.5% (24%)
5. Individuals involved in patient safety incidents have a quick & easy way to report what happened.	52.1% (68%)	24.7% (19%)	16.7% (13%)
Learning Culture			
1. On this unit, when an incident occurs, we think about it carefully.	68.8% (77%)	12% (15%)	6.1% (8%)
2. On this unit, when an incident occurs, we analyze it thoroughly.	55.2% (64%)	20.1% (22%)	10.8% (14%)
3. On this unit, after an incident occurs, we think long and hard about how to correct it.	54% (66%)	21.3% (18%)	11.7% (13%)
4. On this unit, after an incident has occurs, we think about how to prevent the same mistake in future.	67% (78%)	12% (13%)	7.1% (8%)
5. On this unit, when people make mistakes, they ask others about how it could have prevented it.	51.2% (63%)	21% (22%)	13.9% (15%)
6. On this unit, it is difficult to discuss errors.	15.7% (66%)	15.1% (18%)	56.5% (16%)
7. Discussion around major events focuses mainly on system-related issues, rather than focusing on the individual most responsible for the event.	36.9% (51%)	34.2% (32%)	12% (17%)

NOR-MAN Regional Health Authority Quality Scorecard: System Competency (January 2011)
Colour Codes: Blue= Optimal; Green = Good/ Ongoing CQI; Yellow = Warning/ Room for Improvement; Dark Yellow = Data limitations/New Data Not Available; Red = Trouble/ Extensive Work Required; Black = In development

Interpretation:

As an organization, 93.2% of respondents rated our overall patient safety score as "Acceptable, Very Good or Excellent compared to the national average of 94%. 94.7% NRHA of respondent ranked their individual unit as "Acceptable, Very Good or Excellent compared to the national average of 96%. NRHA staff agrees that patient safety decisions are made at the appropriate level, there is good communication around these issues and there is an environment where patient safety is valued. NRHA staff also agrees that their unit/supervisor takes time to identify and assess risks to patients, manages risk to ensure patient safety, and seriously considers staff input for improving patient safety.

Action Plan

No new data is available as this survey is only completed every three years. The Regional Patient Safety Coordinator and the Patient Safety Committee continues to address the issues identified in the survey results and the region's Patient Safety Strategy Plan. The following items are of note:

- We have been using the Root Cause Analysis (RCA) process for all CI/CO occurrences in addition we have used the RCA process for other occurrences as deemed warranted. The purpose of a root cause analysis is to take a team approach to determine what happened and to brainstorm solutions to reduce the risk of having the problem recur.
- Quality and Risk/Patient safety newsletter has been developed. This allows us to update staff on such things as policies that result from occurrence reports, good catch examples to recognize staff's awareness and following job procedures/policy etc.
- We have been doing presentations on occurrence reporting at staff meetings and general orientation to help staff understand what and when to report.
- Education ongoing for Patient Safety initiatives such as :
 - Med Rec
 - Do Not Use Abbreviations
 - Med cards
 - Hand Hygiene
 - Fall prevention strategy
 - OR checklist
- The organization has identified and implemented a list of abbreviations, symbols, and dose designations that are not to be used in the organization.
- There is a strategic Patient Safety Plan and process in place to address identified client safety issues.
- We have achieved a 100% implementation of our Medication Reconciliation (Med Rec) process. Regular audits are being conducted.
- At the Safer Healthcare Now Medication Reconciliation the NRHA Medication Reconciliation Form was recognized as a best practice for the Med Rec process.

NOR-MAN Regional Health Authority Quality Scorecard: System Competency (January 2011)

Colour Codes: **Blue= Optimal**; **Green = Good/ Ongoing CQI**; **Yellow = Warning/ Room for Improvement**; **Dark Yellow = Data limitations/New Data Not Available**; **Red = Trouble/ Extensive Work Required**; **Black = In development**

Date:	January 2011	Scorecard Area:	System Competency
AIM Dimension:	Legitimacy	Reporter/Source:	Corliss Patterson Communications
Board End:	Optimal Access to Services		
Reporting Period:	Calendar Years 2000 to 2010		

Indicator Name: # of FIPPA (Freedom of Information Protection of Privacy Act) requests

Definition: # of FIPPA requests per calendar year

Results: 2000 = 0
Interpretation: 2001 = 11
 2002 = 5 (1 denied)
 2003 = 2

Rating: **Optimal**
 2004 = 2
 2005 = 16
 2006 = 12
 2007 = 16
 2008 = 18
 2009 = 10
 2010 = 46

In 2009 and 2010, the majority of the 56 FIPPA requests were received from the Legislative offices of the opposition party and all requests were fully responded to/information granted within the 30-day window with the exception of one (1) application in 2010 for which an extension was requested and granted.

The Freedom of Information & Protection of Privacy Act of Manitoba was passed in June 1997 and was extended to RHAs and hospitals on April 3, 2000. Access to your own personal health information, as well as protection of personal health information is covered by The Personal Health Information Act, a companion statute of FIPPA.

Under FIPPA, personal information is defined as, “recorded information about an identifiable individual i.e. name, home address, and telephone #, age sex, sexual orientation, marital status, race, ethnic origin, political beliefs, criminal history, employment income, education, identifying numbers/symbols, etc. Personal information also includes opinions of that person, except if they are about another individual, and any opinions expressed about that person by another individual.”

Any person may request access to records in the custody or under the control of a public body falling under FIPPA. The public body must respond to the application in writing and grant access to the requested record, unless said records are excluded under FIPPA or another act.

Action Plan: Continue to monitor and track requests and advise Manitoba Health when requests are received. Requests of a sensitive nature are to be discussed with Manitoba Health prior to responding. All requests to be responded to/information granted in 30-day window.

Date: January 2011 **Scorecard Area:** System Competency
AIM Dimension: Efficiency **Reporter/Source:** MHHL
Board End: Excellence in Patient Safety & Quality of Care **Source:** MIS Database

Reporting Period: Fiscal Years 2004/05 – 2008/09

Indicator Name: Administrative Cost as a % of Total Expense

Definition: % NRHA budget spent on administration (comparison between MB RHA's & MB average).

Numerator = Functional MIS Codes: 71110 to 71121 and 71130 to 7113080, General Administration, Finance, Human Resources and Communication Expense; Secondary Codes 12020 to 12260, 30039 to 99060.

Denominator = Functional MIS Codes: All primary accounts 7* and 8* and Secondary Codes 12020 to 12260, 30039 to 99060, and 99905

Results

Interpretation:

Rating: **Good**

Regional Health Authority	2004/05 %	2005/06 %	2006/07 %	2007/08 %	2008/09 %
Assiniboine	5.0	5.0	5.0	5.3	5.4
Brandon	3.7	3.6	3.7	3.7	3.9
Burntwood	5.9	6.2	6.2	6.0	6.2
Cancer Care	5.7	5.3	4.3	4.4	4.7
Central	5.0	5.2	5.8	5.6	5.3
Churchill	9.6	10.4	10.2	11.5	10.3
Interlake	4.9	4.5	4.5	4.8	4.9
NOR-MAN	5.1	4.8	5.1	4.9	5.0
North Eastman	6.3	6.6	6.3	6.3	6.7
Parkland	5.4	5.4	5.4	5.1	5.3
South Eastman	5.1	5.2	5.1	6.1	6.5
Rural Average	5.0	5.0	5.3	5.1	5.2
Winnipeg	6.0	4.6	4.4	4.2	4.1
MB Average	5.6	4.7	4.6	4.5	4.5

NRHA administrative costs as a percentage of total operating costs (5%) is slightly lower than the rural average of 5.2% and slighter higher than the provincial average of 4.5%.

Action Plan: Continue to monitor this indicator.

Date: January 2011 **Scorecard Area:** System Competency
AIM Dimension: Efficiency **Reporter/Source:** Manitoba Health
Board End: Excellence in Patient Safety & Quality of Care **Source:** MIS Database

Reporting Period: 2009-10

Indicator Name: **Administrative Cost as a % of Total Expense by Category**
 (Corporate, Patient Care, Finance and HR/ Recruitment)

Definition: % NRHA budget spent on administration by category

Corporate - includes costs related to General Administration & Communications. General Administration includes costs related to Executive Offices, Board Of Trustee, Medical Directors, Administrators of Acute, Long Term Care, Community Services, Public Relations, Risk Management & Internal Audit. **Codes:** Primary 71110, 7111010, 711101010, 711101060, 7111021, 7111022, 7111023, 7111030, 7111032, 7111033, 7111040, 7111050, 7111052, 7111055, 711105520, 711105530, 7111070, 711130, 7113020, 7113040, 7113060, 7113080 Secondary Revenue 12020 -12260 & expenses 30039 - 99060 & 99905.
Patient Care Related - includes costs related to Utilization Management, Cancer Standards & Guidelines, Patient Relations, Infection Control, Quality assurance (Medical, Nursing, Other), Accreditation. **Codes:** Primary 7111025, 7111026, 7111046, 711105510, 7111060, 711106010, 711106020, 711106090, 7111032, 7111061 Secondary Revenue 12020 -12260 & Expenses 30039 - 99060 & 99905
Finance - includes costs related to General Accounting, Payroll, Account Receivable & Payable, Budget Control. **Codes:** Primary 71115, 7111510, 7111520, 7111530, 7111540, 7111550 Secondary Revenue 12020 -12260 & Expenses 30039 - 99060 & 99905.
HR & Recruitment - includes costs related to Personnel Records, Recruitment & Retention (General, Physicians, Staff & Nurse), Labor Relations, Employee Benefits Health & Assistance Programs, Occupational Health & Safety & Provincial Labor Relations Secretariat. **Codes:** Primary 71120, 7112020, 7112025, 711202590, 711202595, 711202596, 7112030, 7112040, 7112060, 7112080, 7112090, 71121. Secondary Revenue 12020 -12260 & Expenses 30039 - 99060 & 99905.

Results Interpretation: NOR-MAN Total 2009-10 Admin Cost = **\$4,720,733**
 NOR-MAN Total 2009-10 Operating Cost = **\$92,819,172**
 Admin % of Total Operating = **5.09%**

Rating: Under Development

	Corporate	Patient Care	Finance	Human Resources
NOR-MAN Costs	\$ 3,056,365	\$ 193,864	\$ 787,023	\$ 683,480
% of Total Operating Costs	3.29%	0.21%	0.85%	0.74%

Starting in 2009-10, we are required by Manitoba Health to report our administration costs by the percentage of administration costs by corporate, patient care, finance and human resources/ recruitment subsets. In the future, this indicator will be compared between RHA's. As we do not have the comparative data from other RHA's at this time, we are not able to rate this indicator at this time.

Action Plan: Continue to monitor this indicator. This indicator is also required to be reported in our Annual Report each year.

Date: January 2011 **Scorecard Area:** System Competency
AIM Dimension: Efficiency **Reporter/Source:** MHHL
Board End: Excellence in Patient Safety & Quality of Care **Source:** MIS Database

Reporting Period: Fiscal Years 2004/05 – 2008/09

Indicator Name: Information System Costs as a % of Total Expense

Definition: % NRHA budget spent on Information System Costs (comparison between MB RHA's & MB average).

Numerator = Functional MIS Codes: 71125 to 711254030, System Support/Information System Expenses (excluding pre-retirement), net of recoveries and other revenue, Secondary Codes 12020 to 12260, 19000, 30042 to 30500, 31042 to 31530, 35042 to 35530, 39042 to 39130, 41000 to 99060
Denominator = Functional MIS Codes: All primary accounts 7* and 8* and Secondary Codes 12020 to 12260, 30039 to 99060, an 99905

Results

Interpretation:

Rating: **Trouble**

Regional Health Authority	2004/05 %	2005/06 %	2006/07 %	2007/08 %	2008/09 %
Assiniboine	0.5	1.0	1.1	1.2	1.4
Brandon	1.2	1.1	1.2	1.2	1.2
Burntwood	0.8	0.9	0.9	1.1	1.1
Cancer Care	3.6	3.7	2.7	3.7	3.4
Central	0.5	.08	0.9	1.0	1.2
Churchill	1.5	1.6	1.6	1.6	1.6
Interlake	0.5	1.0	0.9	1.0	1.0
NOR-MAN	0.3	0.5	0.6	0.5	0.8
North Eastman	0.9	1.4	1.6	1.5	1.7
Parkland	0.7	0.9	1.1	1.0	1.1
South Eastman	0.7	0.9	1.2	1.2	2.0
Rural Average	0.9	1.1	1.2	1.3	1.4
Winnipeg	1.1	1.2	1.4	1.7	2.0
MB Average	1.0	1.2	1.3	1.6	1.8

NRHA Information Systems costs as a percentage of total operating continue to be the lowest in the province. In 2008-09, NOR-MAN's rate was 0.8% which is significantly lower than the rural average of 1.4% and the Manitoba average of 1.8%. Due to our ongoing deficit, we have been unable to invest more into information technology to keep up with the national or provincial benchmark. More funding needs to be provided provincially to help support IT advancements in our region.

Action Plan: Continue to monitor this indicator. Continue to advocate for additional funding for Information Systems investments from Manitoba Health.

Date: January 2011 **Scorecard Area:** System Competency
AIM Dimension: Efficiency **Reporter/S** NRHA General Ledger
Board End: Excellence in Patient Safety & Quality of Care **ource:** Hospital Analysis Reports

Reporting Period: Fiscal Years 2003/04 to 2009/10

Indicator Name: Emergency Room Cost per visit

Definition: ER Operating Costs (11.71310 – The Pas and 12.71310- Flin Flon)
 Total # of Visits (ER scheduled, non-scheduled and observation visits)

Results:
Interpretation:

Rating: **Good**

Year	St Anthony's Hospital	Flin Flon General Hospital
2003/04	$\frac{\$1,502,405}{20,922} = \71.80	$\frac{\$976,970}{10,314} = \94.72
2004/05	$\frac{\$1,639,628}{23,989} = \68.35	$\frac{\$1,035,195}{10,919} = \94.80
2005/06	$\frac{\$1,672,072}{22,997} = \72.71	$\frac{\$1,075,660}{12,017} = \89.51
2006/07	$\frac{\$1,755,878}{22,260} = \78.88	$\frac{\$1,111,300}{10,586} = \104.98
2007/08	$\frac{\$2,142,627}{22,100} = \96.96	$\frac{\$1,172,243}{13,646} = \85.91
2008/09	$\frac{\$2,576,105}{20,799} = \123.86	$\frac{\$1,198,036}{14,093} = \85.01
2009/10	$\frac{\$2,650,924}{25,268} = \104.91	$\frac{\$1,412,981}{15,580} = \90.69

Physician costs are not calculated into this indicator. A separate cost center in Snow Lake strictly for ER activity is not possible due to the size of the facility.

In The Pas, costs have increased approximately 3% largely due to contract adjustments (salary increases). Emergency room visits have increased by 21.5%.

In Flin Flon, costs have increased by approximately 18%. This is largely due to contract adjustments (salary increases) and an increase in the RN compliment. ER visits have increased 10.5%.

Action Plan:

Continue to monitor indicator. Continued effort to work on appropriate utilization of the ER and providing the right care, by the right provider at the right location is recommended.

The newly formed NRHA Data Management Utilization Working Group has been tasked with developing a process to ensure that data/information/evidence is available to the organization to allow for evidence-informed decision making to be the norm. Hospital utilization reporting format will be revised to ensure that we are collecting the right information in the same format throughout the region.

Date: January 2011 **Scorecard Area:** System Competency
AIM Dimension: Efficiency **Reporter/Source:** NRHA General Ledger
Board End: Excellence in Patient Safety & Quality of Care

Reporting Period: Fiscal Years 2003/04 to 2009/10

Indicator Name: **Dialysis Total Direct Cost per Dialysis Visit**

Definition: Operating Costs for Dialysis by site (11.7134070 -TP & 12.7134070 – FF)
 Total # of Visits by site

Results:
Interpretation:

Rating: **Good**

Year	St Anthony's Hospital	Flin Flon General Hospital
2003/04	\$535,944 = \$202.93 2,641	\$157,071 = \$279.98 561
2004/05	\$488,844 = \$186.58 2,620	\$192,362 = \$308.77 623
2005/06	\$455,982 = \$182.85 2,439	\$184,303 = \$336.93 547
2006/07	\$467,778 = \$184.89 2,530	\$205,782 = \$231.22 890
2007/08	\$522,985 = \$211.22 2,476	\$239,158 = \$236.56 1,011
2008/09	\$809,219 = \$296.31 2,731	\$284,114 = \$261.38 1,087
2009/10	\$1,181,422 = \$290.15 3,194	\$354,698 = \$390.64 908

This indicator is a function of volume. There is a base level of staffing that is required to run a dialysis department, independent of utilization.

In The Pas, there was an increase in visits of 463 (17%) from the previous fiscal year. This is due to the phasing in of the new Dialysis stations in The Pas from 4 stations to 10 stations. Associated costs therefore show an increase as well. Overall costs per visit have decreased due to an increase in the number of patient visits.

Flin Flon shows a decrease of 179 visits (-16.5%) from the previous fiscal year. Thus costs per visit have seen an increase as we are required to have a base level of staffing to operate the unit.

Action Plan: Continue to monitor indicator.

The newly formed NRHA Data Management Utilization Working Group has been tasked with developing a process to ensure that data/information/evidence is available to the organization to allow for evidence informed decision making to be the norm. Hospital utilization reporting format will be revised to ensure that we are collecting the right information in the same format throughout the region.

Date: January 2011 **Scorecard Area:** System Competency
AIM Dimension: Efficiency **Reporter/Source:** NRHA General Ledger
Board End: Excellence in Patient Safety & Quality of Care

Reporting Period: Fiscal Years 2003/04 to 2009/10

Indicator Name: **Chemotherapy Costs per Total Oncology Visit**

Definition: Operating Costs for Chemotherapy
 Total # of Visits in Region

Results:
Interpretation:

Rating: **Good**

Year	NRHA
2003/04	$\frac{\$266,773}{272} = \$ 980.28$
2004/05	$\frac{\$338,390}{295} = \$1,147.08$
2005/06	$\frac{\$427,236}{310} = \$1,378.18$
2006/07	$\frac{\$124,300}{199} = \$ 642.62$
2007/08	$\frac{\$156,202}{210} = \743.82
2008/09	$\frac{\$172,602}{269} = \641.64
2009/10	$\frac{\$203,708}{299} = \681.30

Cost per Total Oncology Visit increased this year by \$39.66 per visit. Total operating costs increased by \$31,106. Costs have increased by 18%, and service recipient visits have increased by 6.18%.

The Chemotherapy costs per Total Oncology Visit reduced significantly since 2005/06. This is a result of the majority of drug costs being administered centrally by Cancer Care MB. As an RHA, we do not have control over the drug of choice and the expense can fluctuate significantly. The expenses in the 09/10 fiscal year have increased as a result of the increase in visits as well as an increase in contract adjustments (i.e salary increases for nursing)

Action Plan:

The Chemotherapy Outreach program is a valuable program for residents of NOR-MAN receiving chemotherapy. It enables them to stay in the region and be closer to family and friends. It is also cost effective for the NRHA as it reduces NPTP costs. Continue to monitor indicator.

The newly formed NRHA Data Management Utilization Working Group has been tasked with developing a process to ensure that data/information/ evidence is available to the organization to allow for evidence informed decision making to be the norm. Hospital utilization reporting format will be revised to ensure that we are collecting the right information in the same format throughout the region.

Date: January 2011 **Scorecard Area:** System Competency
AIM Dimension: Efficiency **Reporter/Source:** Joyce McLean
Board End: Excellence in Patient Safety & Quality of Care **Source:** Support Services

Reporting Period: Fiscal Years 2003/04 to 2009/10

Indicator Name: Food Cost per Meal Day by site

Definition: Total Food Costs From Revenue/Expenditure Report
Total Meal Days

Results:

Interpretation:

Rating: **Good**

	TPHC	FFGH	NLM	SLHC
2003/04	$\frac{379,817}{57,136} = 6.65$	$\frac{246,089}{36,474} = 6.75$	$\frac{114,856}{14,549} = 7.90$	$\frac{9,566}{1,100} = 9.05$
2004/05	$\frac{369,658}{51,663} = 7.16$	$\frac{227,692}{33,657} = 6.77$	$\frac{99,468}{13,969} = 7.12$	$\frac{12,010}{1,455} = 8.26$
2005/06	$\frac{322,030}{51,503} = 6.31$	$\frac{209,682}{34,925} = 6.01$	$\frac{87,455}{13,885} = 6.30$	$\frac{14,286}{1,593} = 8.97$
2006/07	$\frac{382,971}{55,649} = 6.88$	$\frac{227,696}{34,357} = 6.62$	$\frac{104,106}{13,792} = 7.54$	$\frac{14,157}{1,165} = 12.15$
2007/08	$\frac{431,388}{55,478} = 7.77$	$\frac{257,654}{34,556} = 7.45$	$\frac{109,244}{15,924} = 6.86$	$\frac{15,639}{1,300} = 12.03$
2008/09	$\frac{497,355}{46,963} = 10.59$	$\frac{277,13}{26,739} = 10.36$	$\frac{127,191}{13,665} = 9.31$	$\frac{14,154}{1,181} = 11.98$
2009/10	$\frac{480,955}{47,645} = 10.09$	$\frac{268,125}{24,604} = 10.90$	$\frac{116,141}{13,335} = 8.71$	$\frac{12,867}{1,038} = 12.40$

In the years 2003 to 2007, the meal days were calculated on a conversion factor of \$10 for all revenues. In 2008, the conversion factor went to \$17.20 which reduced our meal days and increased our costs. In 2008, our average regional meal day was \$10.56 and in 2009 it was \$10.53 which is very comparable from year to year. Our food costs also include freight costs of almost \$60,000 per year due to our geographic location. Despite this, we have observed decreased food costs per meal day in both The Pas Health Complex and Northern Lights Manor and only a slight increase in Snow Lake and Flin Flon General Hospital,

Food costs increases can be attributed to both price and volume increases.

Action Plan: Continue to measure expenditures and implement cost savings measures.

Date: January 2011 **Scorecard Area:** System Competency
AIM Dimension: Efficiency **Reporter/Source:** NRHA General Ledger
Board End: Excellence in Patient Safety & Quality of Care

Reporting Period: Fiscal years 2000/01 to 2009/10

Indicator Name: Total Maintenance Cost per Square Foot by site

Definition: Maintenance Operating Costs (Cost Centres 71155 & 71165)
 Total Square Feet of NRHA owned facilities

Results:
Interpretation:

Rating: **Good**

	The Pas	Flin Flon	Snow Lake
2000/01	$\frac{988,671}{190,697} = 5.08$	$\frac{933,149}{145,200} = 6.84$	$\frac{69,266}{8,666} = 7.99$
2001/02	$\frac{1,070,816}{190,697} = 5.62$	$\frac{1,105,761}{145,200} = 7.62$	$\frac{82,351}{8,666} = 9.50$
2002/03	$\frac{1,290,571}{190,697} = 6.77$	$\frac{1,173,230}{145,200} = 8.08$	$\frac{80,660}{8,666} = 9.31$
2003/04	$\frac{1,232,006}{190,697} = 6.46$	$\frac{1,145,951}{145,200} = 7.89$	$\frac{104,110}{8,666} = 12.01$
2004/05	$\frac{1,476,291}{190,697} = 7.74$	$\frac{1,300,351}{145,200} = 8.96$	$\frac{97,282}{8,666} = 11.23$
2005/06	$\frac{1,569,260}{190,697} = 8.23$	$\frac{1,410,651}{145,200} = 9.72$	$\frac{109,969}{8,666} = 12.69$
2006/07	$\frac{1,601,505}{190,697} = 8.40$	$\frac{1,465,775}{145,200} = 10.09$	$\frac{107,183}{8,666} = 12.37$
2007/08	$\frac{1,723,806}{190,697} = 9.04$	$\frac{1,783,263}{145,200} = 12.28$	$\frac{114,953}{8,666} = 13.26$
2008/09	$\frac{1,683,636}{190,697} = 8.83$	$\frac{1,751,752}{145,200} = 12.06$	$\frac{104,598}{8,666} = 12.07$
2009/10	$\frac{1,529,500}{190,697} = 8.02$	$\frac{1,640,067}{145,200} = 11.30$	$\frac{109,487}{8,666} = 12.63$

Since the last reporting period maintenance costs have decreased in The Pas by 9.15% and in Flin Flon by 6.38%, This can be attributed to savings realized through our energy retrofit program. In Snow Lake maintenance costs have increased by 4.67% due to staffing issues in the facility. On a positive note, we have seen a 0.98% decrease in supplies and plant operation, which can also be attributed to saving realized through the energy retrofit program..

Action Plan: Continued monitoring of this indicator is recommended. With our aging facilities, we are committed to continue looking for ways to be more energy efficient. We have reformed our Green Team and have developed a green strategy which is focusing on 8 key strategies:

1. Making environmental stewardship part of our ongoing business
2. Demonstrating responsibility to our stakeholders
3. Conserving, reusing and recycling
4. Reducing and disposing of waste in a safe manner

5. Buying safe and sustainable products
6. Constructing green buildings.
7. Maintaining green buildings
8. Minimizing environmental risk to the organization and communities

Date:	January 2011	Scorecard Area:	System Competency
AIM Dimension:	Efficiency	Reporter/Source:	NRHA General Ledger
Board End:	Excellence in Patient Safety & Quality of Care		
Reporting Period:	Fiscal Year 2004/05 to 2009/10		
Indicator Name:	Employee Travel Costs		
Definition:	Total Costs spent on Employee Travel including travel within and outside of the region		
Results:	2004/05 = \$629,349		
Interpretation:	2005/06 = \$742,358		
	2006/07 = \$903,588		
	2007/08 = \$1,000,601		
	2008/09 = \$1,078,345		
Rating:	2009/10 = \$1,081,379		
	<p>We were able to maintain our overall employee/board travel costs to a modest increase of 0.28% despite ongoing increases in fuel and air travel costs. This indicator is part of the NRHA cost reduction strategies.</p> <ul style="list-style-type: none"> • There has been a hold placed on all out of province travel for education and training purposes. • Telehealth and teleconferencing is utilized when possible 		
Action Plan:	<p>Due to the size of the region and the distance to Winnipeg, it is inevitable that the NRHA will have to dedicate a significant amount to travel. NOR-MAN region covers a large geographical area and as such travel throughout the region by program staff is significant. A number of staff are involved in provincial networks which necessitates trips to Winnipeg for meetings. It is important that managers participate in network meetings. Where possible, teleconferencing and/or MBTelehealth are used to lessen travel costs. Also, there is a regular fleet shuttle for staff travel between Flin Flon and The Pas to lessen the number of vehicles traveling between the two (2) communities. These practices should continue. Continued monitoring of this indicator is recommended.</p>		

Date: January 2011 **Scorecard Area:** System Competency
AIM Dimension: Efficiency **Reporter:** Northern Patient Transport Program
Board End: Optimal Access to Services

Reporting Period: Fiscal Years 2000/2001 to 2009/2010

Indicator Name: NPTP Patient Travel Expenses

Definition: Total expenses for NPTP patient travel costs (audited financial statement)

Interpretation Results:

Rating: **Trouble**

Fiscal Year	MB Health Funding	Net NPTP Expenses	Surplus/(Deficit)	% Expense Increase From Prior Year	% Deficit Increase From Prior Year
2000/01	2,260,337	3,498,659	-1,238,322	-	-
2001/02	2,328,147	3,504,574	-1,176,427	0.17%	-5.00%
2002/03	2,397,992	3,916,232	-1,518,240	11.75%	29.06%
2003/04	2,469,931	4,120,624	-1,650,693	5.22%	8.72%
2004/05	2,544,029	3,745,454	-1,201,425	-9.10%	-27.22%
2005/06	2,620,350	4,210,110	-1,589,760	12.41%	32.32%
2006/07	2,698,961	4,844,250	-2,145,289	15.06%	34.94%
2007/08	2,779,929	4,686,397	-1,906,468	-3.26%	-11.13%
2008/09	2,863,327	6,346,551	-3,483,224	35.42%	82.71%
2009/10	2,949,226	6,977,540	-4,028,314	9.94%	15.65%

In 1999/2000 when NPTP went in-globe, the net expenses were at \$2.26 million. In 2009/10, the net expenses were \$6.97 million. This constitutes a 209% increase in NPTP costs since the program went in globe in 2000/01. Since 2000/01, NRHA has had to reallocate anywhere from \$1.5 to \$2.6 million per year from other program areas in order to deliver this provincially mandated service that is required for our northern residents. NPTP deficit figures are consistent with our overall deficit we have experienced in past years. The increases are largely attributed to an increase in fuel and transportation costs as well as mode of travel required. In 2009/10, NPTP warrants increased by 3% (254 warrants) from the previous fiscal year yet costs increases by 10.77%. The largest driver of NPTP costs in 2009/10 continues to be air ambulance at 52% of the total NPTP budget, but only accounts for 7% of actual warrants.

Action Plan:

We continue to see a deficit in the NPTP program. This is a provincial program, which is grossly under funded, and one which we have little to no ability to control costs. The NPTP committee continues to meet to try to find ways to reduce/contain NPTP costs in the region. The under funding of this program is under review by Manitoba Health. Continued monitoring of this indicator is recommended.

Date: January 2011 **Scorecard Area:** System Competency
AIM Dimension: Efficiency **Reporter:** Northern Patient Transport Program
Board End: Optimal Access to Services

Reporting Period: Fiscal Years 2005/06 to 2009/10

Indicator Name: **Percentage of NPTP Costs by Mode of Travel**
Percentage of NPTP Warrants By Mode of Travel

Definition: 1. $\frac{\text{Total NPTP Costs by mode of travel}}{\text{Total NPTP Operating Budget}}$ 2. $\frac{\text{Total \# warrants by mode of travel}}{\text{Total \# warrants}}$

Interpretation:
Results:

Rating: **Warning**

% Warrants by Travel Mode	2005/06 %	2006/07 %	2007/08 %	2008/09 %	2009/10 %
Air	17%	21%	20%	22%	22%
Air Ambulance	5%	5%	6%	7%	7%
Ambulance	1%	1%	0%	0%	0%
Bus	21%	11%	10%	9%	9%
Car	47%	46%	47%	47%	47%
Taxi	18%	16%	17%	15%	15%
Rail	1%	0%	0%	0%	0%

% NPTP Costs by Travel Mode	2005/06 %	2006/07 %	2007/08 %	2008/09 %	2009/10 %
Air	27%	34%	33%	28%	28%
Air Ambulance	46%	44%	47%	52%	52%
Ambulance	2%	1%	0%	0%	0%
Bus	6%	3%	3%	2%	3%
Car	13%	13%	13%	13%	13%
Taxi	6%	5%	4%	4%	4%
Rail	0%	0%	0%	0%	0%

In 2009/10, there were 8,283 referrals for NPTP of which 90% were elective and 10% were emergent. This was increase of 254 warrants from 2008/09, which included an increase of 67 emergent warrants and 187 elective warrants. The largest driver of NPTP costs continues to be air ambulance. In 2009/10, 7% of all travel warrants were for air ambulance accounting for 52% of total NPTP budget. Commercial air was the second largest cost driver at 28% (22% of all warrants) followed by car at 13% of the NPTP budget (47% of all warrants). Car continues to be the second largest mode of travel at 47%.

Action Plan: See previous indicator for Action Plan.

Date: January 2011 **Scorecard Area:** System Competency
AIM Dimension: System Alignment **Reporter/Source:** Audited Financial Statements
Board End: Excellence in Patient Safety & Quality of Care

Reporting Period: Fiscal Year 2008/09 vs. 2009/10

Indicator Name: Percent of allocation of Total Expenses by Program Areas
Percent Increase/ Decrease in Program Expenses

Definition: Total Expenses by Program Area / Total Expense by Program Area (2008-09)
Total RHA Expenses / Total Expense by Program Area (2007-08)

Results:
Interpretation:

Rating: **Warning**

Program Area	2008/09 Total Expenses	2008/09 % Allocation of Total Expenses by Program Area	2009/10 Total Expenses	2009/10 % Allocation of Total Expenses by program Area	2008/09 to 2009/10 % Increase/ (Decrease) in Program Expenses
Acute Care	36,411,362	40%	35,165,535	37%	-3.4%
Long Term Care	10,161,290	11%	10,762,422	11%	5.9%
Med Remuneration	13,288,341	14%	15,204,855	16%	14.4%
Community Services	4,549,758	5%	4,671,008	5%	2.7%
Mental Health	1,352,167	1%	1,625,119	2%	20.2%
Home Care	4,971,564	5%	5,170,681	5%	4.0%
Land Ambulance	2,603,913	3%	2,705,142	3%	3.9%
RHA Costs	4,662,971	5%	5,206,125	5%	11.6%
Amort Capital Assets	3,211,311	4%	3,423,067	4%	6.6%
Interest capital lease	12,875	0%	8,593	0%	-33.3%
NPTP	6,982,568	8%	7,734,744	8%	10.8%
Pre-retirement	664,496	1%	817,742	1%	23.1%
Rosaire House	707,452	1%	742,306	1%	4.9%
LTC Aging in Place	0	0%	27,202	0%	100%
Ancillary	1,587,366	2%	1,662,354	2%	4.7%

The percentage of allocation by program area has remained fairly stable over the past two fiscal years. Acute Care accounts for the highest percentage of allocation at 37% followed by Medical Remuneration at 16%, Long Term Care at 11% and NPTP at 8%. NRHA overall expenditures increased by 4.1% over the previous fiscal year. Areas of note include:

- Increased costs due to nursing salary awards, northern premiums introduced by Manitoba Health for physicians, and the NPTP program.
- NPTP costs increased 11% from the prior year. NPTP is a provincially-mandated program which is physician-driven in its service delivery.
- Most other clinical sectors have increased by approximately 10% due to nursing salary awards.

Action Plan: Continue efforts to redirect NRHA budget to priority areas where possible. Continue to monitor this indicator.