



QUALITY SCORECARD

Vital Statistics on System Competency

December 2009

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.

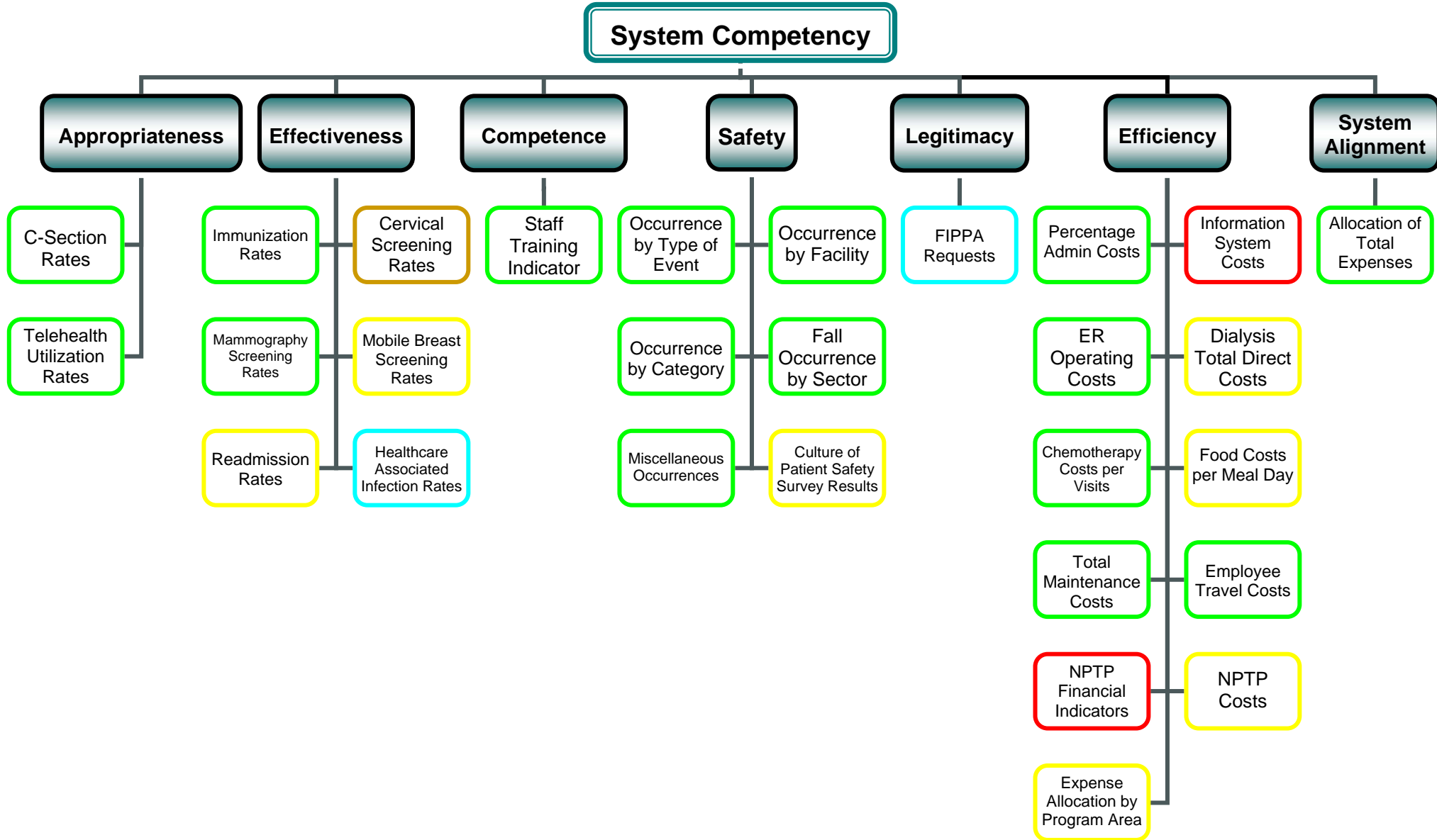
EXCELLENCE IN PATIENT SAFETY & QUALITY OF CARE

- ❖ 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

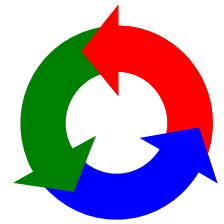
December 2009



NOR-MAN Regional Health Authority Quality Scorecard: System Competency

Colour Codes: Optimal Good/Ongoing CQI Warning/Room for Improvement Data Limitations Trouble/ Extensive Work Req'd In Development

NOR-MAN REGIONAL HEALTH AUTHORITY QUALITY SCORECARD SYSTEM COMPETENCY



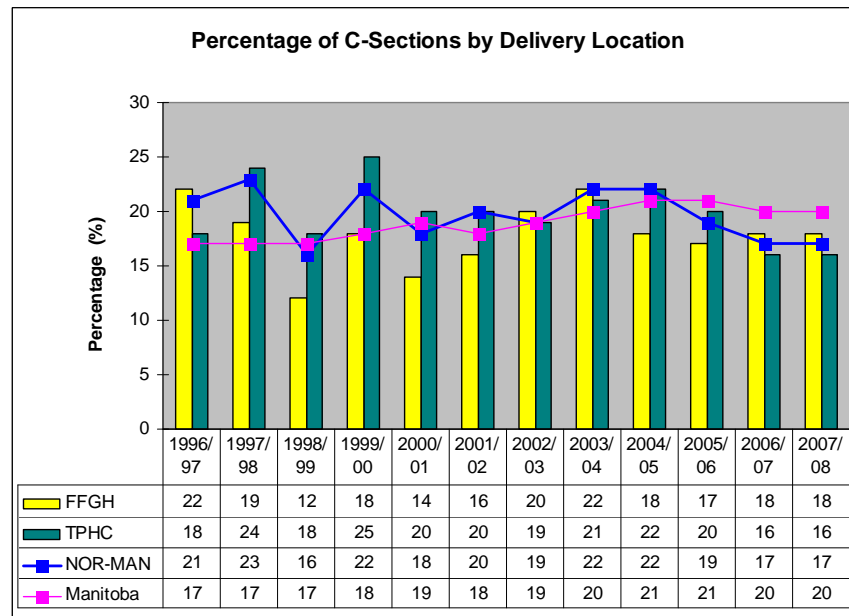
Date: December 2009
Scorecard Area: System Competency
AIM Dimension: Appropriateness
Board End: Excellence in Patient Safety & Quality of Care
Reporter/Source: MB Health - Health Information Management
Reporting Period: Trend Analysis 1996/97 to 2008/09

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

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

Results:
Interpretation:

Rating: Good



NOR-MAN's C- Section rate (17%) is lower than the Manitoba rate (20%). In 2007/08, there were a total of 15,399 deliveries in Manitoba of which 3,046 or 20% were by C-Section. In NOR-MAN, there were a total of 519 deliveries in NOR-MAN facilities of which 87 or 17% were by C-Section. Of the 519 deliveries, 344 deliveries were in The Pas of which 16% were by C-section and 175 were in Flin Flon, of which 18% 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: December 2009 **Scorecard** System Competency

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

Area:
Reporter/Source: MB Health - Health Information Management

Reporting Period: Trend Analysis 1996/97 to 2008/09

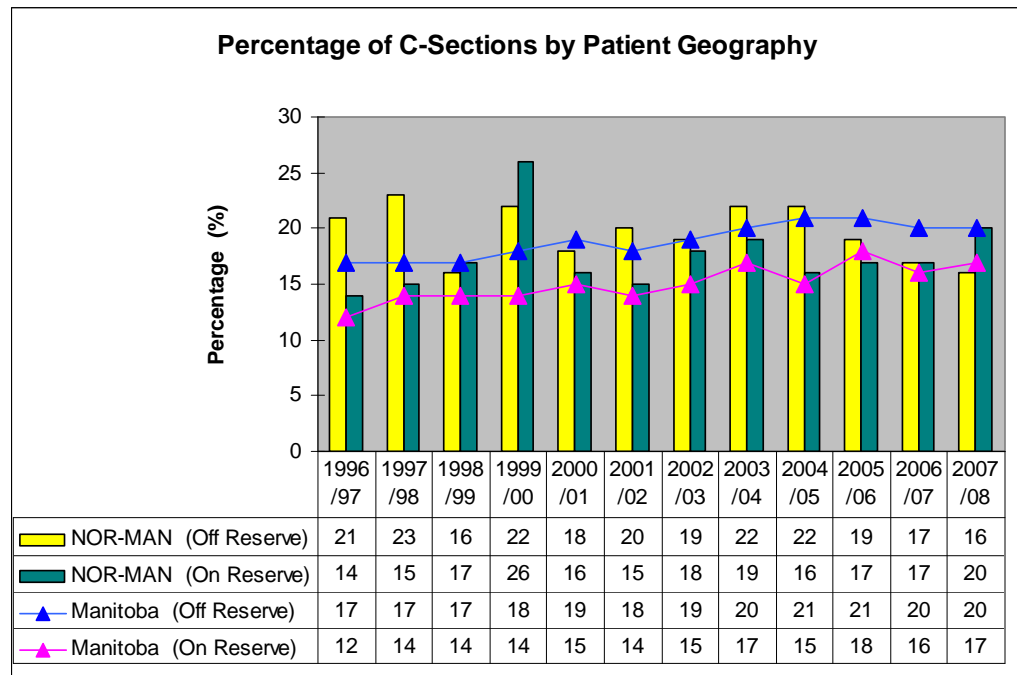
Indicator Name: **Percentage of C-Sections in NOR-MAN, On Reserve and Off Reserve vs. Manitoba average**

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 2007/08, there were 3,046 C-section deliveries in Manitoba and 87 C-section deliveries in NOR-MAN. Of note, the “Off Reserve” C-sections rate is lower in NOR-MAN at 16% than compared to Manitoba at 20%. However, the “On Reserve” C-section rate is higher in NOR-MAN at 20% compared to Manitoba at 17%.

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: December 2009 **Scorecard Area:** System Competency
AIM Dimension: Appropriateness **Reporter/Source:** MBTelehealth – 2008/09 Management Report
Board End: Optimal Access to Services
Reporting Period: Fiscal Year 2008/09

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	
	#	%	#	%	#	%	#	%	#	%
2008-09										
Clinical	312	43.5	424	48.6	41	33	777	45.6	5778	69
Education	190	26.5	270	31.1	27	21.7	487	28.6	1494	18
Admin	198	27.6	171	19.7	56	45.1	425	24.9	951	11
Other	17	2.3	1	0	0	0	18	1	197	2
Total	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 MBTelehealth sites in Flin Flon and The Pas continue to be among the busiest in the province. In 2008/09, total regional telehealth utilization increased by 19.3% compared to 10% in the previous year. The Pas site experienced a surprising increase in utilization of 30% this year. Utilization increases in Flin Flon and Snow Lake was more manageable at 9% and 8% respectively. Regional utilization increases are expected to be more modest in future years with a goal of 10 – 15% being targeted.

In comparison to 2007/08, clinical services as a percentage of total utilization increased from 41% to 43.5% in Flin Flon and from 42% to 48.6% in The Pas but declined somewhat in Snow Lake from 36% to 33%. While the percentage of clinical utilization in NRHA is lower than the network percentage, this is again 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 speech therapy services for clients of the Society for

- Manitobans with Disabilities,
- Pediatric TB follow-up clinics
- Adult Orthopedic Surgery
- Pediatric Bleeding Disorders

Action Plan:

While this year's high utilization growth in The Pas indicates growing acceptance of Telehealth as an important communications tool for the region, it has put increasing strain on support staff at that site and caused significant challenges for room and resource scheduling. This issue was partially addressed by the establishment of a dedicated telehealth clinical room in The Pas Health Complex that came on line in the Summer of 2009.

Future initiatives identified to MBTelehealth for telehealth growth within our region include:

- 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.
- Expansion of MBTelehealth service to provincial Nursing Stations and Health Centres that are not operated by the NRHA in Grand Rapids, Easterville, Moose Lake.
- Expansion of MBTelehealth services to Opaswayak Health Authority

Date: December 2009 **Scorecard Area:** System Competency
AIM Dimension: Effectiveness **Reporter/Source:** MB Immunization
Board End: Healthy People **Source:** Monitoring System (MIMS)

Reporting Period: Trend Analysis 2004 - 2007

Indicator Name: Immunization Rates

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

Results:
Interpretation:

	2004	2005	2006	2007
DaPTP-HIB > 1yr	74% (80%)	73% (79%)	80% (80%)	74% (80%)
DaPTP-HIB 2yrs	68% (70%)	67% (68%)	67% (71%)	88% (73%)
DaPTP-HIB 7yrs	77% (71%)	74% (69%)	82% (71%)	78% (73%)
MMR 2yrs	89% (86%)	88% (85%)	87% (85%)	85% (86%)
Measles 7yrs	82% (76%)	82% (75%)	87% (79%)	94% (80%)
Mumps/Rubella 7yrs	93% (92%)	90% (95%)	97% (92%)	94% (92%)
Complete for Age - 17yrs	57% (52%)	58% (64%)	65% (64%)	61% (64%)

Rating: **Good**

Data Source: Manitoba Immunization Monitoring System (MIMS), Annual Report 2007

Overall, immunization rates are on par with the Manitoba average. The total doses of vaccines administered to children in 2007 in the NOR-MAN region were 8,361. Of the 8,361 doses of vaccines administered, 76.2% were given by Public Health Nurses and 23.4% were administered in First Nation Communities of OCN, Easterville, Moose Lake, Grand Rapids and Pukatawagan.

Immunization rates are identified through the Manitoba Immunization Monitoring System (MIMS), using individual Personal Health Information number (PHIN) and their address. If an individual has left their community and have failed to change their address with Manitoba Health Services 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 is 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 identifying who has been immunized and who has not been immunized. This does get reflected in the rates, as previous years rates increase as immunizations given are inputted into the MIMS system. Applications have been submitted to obtain "Host on Demand" to allow access to MIMS for identified nursing staff. We are currently awaiting approval.

During 2008/09 we continued to participate in National Immunization Week. Promotions included the distribution of a number of media/promotion pieces (article in Routes North and PSAs for both print and radio) to promote and educate NOR-MAN residents on the importance of having updated immunizations.

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 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 (benefits) when asked.

The 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. As a result, 2 year old immunization rates in 2007 have improved considerably to 88% and 85% respectively.

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 region was one of the regions in Manitoba to pilot vaccination in grade 8 rather than grade 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. Nurses in each community are also notified and given names of the children getting 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 to help improve the rates for this age grouping.

Date: December 2009
Scorecard Area: System Competency
AIM Dimension: Effectiveness
Reporter/Source: MB Health – Health Information Management
Board End: Healthy People

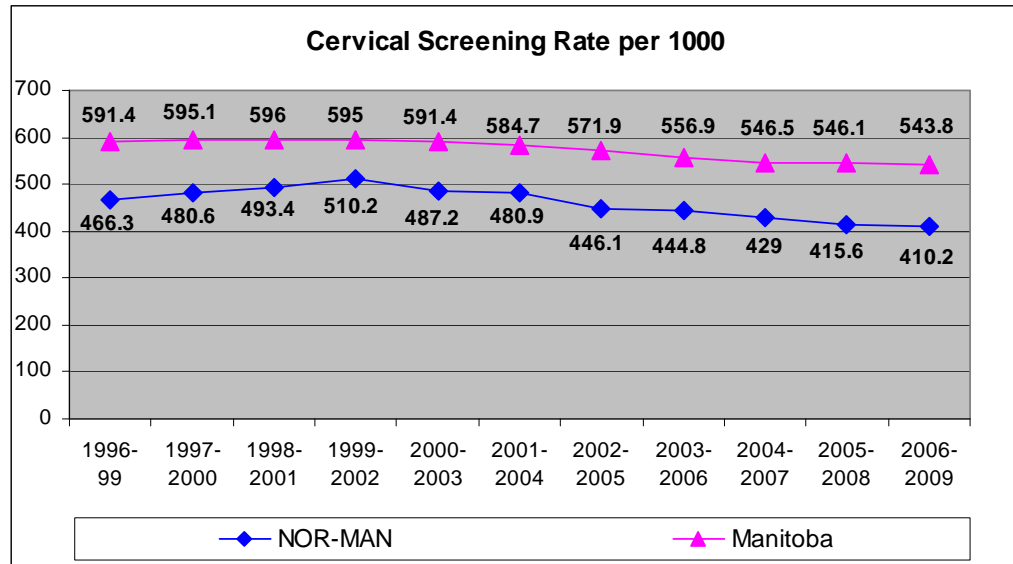
Reporting Period: Trend Analysis: 1996 -1999 to 2006 - 2009

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 at the Primary Health Care Centres in The Pas, Flin Flon and Cranberry Portage. It is interesting to note that for the time period of April 1, 2008 to March 31, 2009, NRHA Primary Health Care Nurses completed **474 pap tests** and NRHA Midwives completed **45 pap tests** in the region which are not captured in the above graph. A total of 1,469 pap tests have been completed in the NOR-MAN region by NRHA Primary Health Care nurses in the past five (5) years.

The NRHA Primary Health Care Centres continue promotion the importance of cervical screening. In October 2008, a Walk-in Pap Clinic was hosted with extended hours in The Pas and saw a total of 30 women over the two (2) days.

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 PHC 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: December 2009
Scorecard Area: System Competency
AIM Dimension: Effectiveness
Reporter/Source: MB Health – Health Information Management
Board End: Healthy People

Reporting Period: Trend Analysis: 2002 -2005 to 2006 - 2009

Indicator Name: Cervical Screening Rates by Community

Definition: Cervical Screen Rates per 1000 discrete patients by community

Results:
Interpretation:

Rating: Data Limitations

	2002-05	2003-06	2004-07	2005-08	2006-09
Misipawistik CN	193.0	145.3	97.6	181.1	261.2
Grand Rapids	217.4	197.4	212.8	209.0	216.0
Chemawawin CN	210.2	195.0	187.9	170.7	206.9
OCN	413.3	373.7	568.5	387.9	443.6
The Pas	447.9	446.1	437.0	438.5	427.3
RM of Kelsey	473.5	459.6	431.6	472.8	437.8
Mosakahiken CN	194.7	172.7	219.3	250.0	319.3
Snow Lake	463.84	401.4	417.3	414.3	421.2
Flin Flon	581.7	578.9	526.9	487.3	471.7
Mathias Colomb CN	235.0	231.0	183.1	219.1	222.8
Unorganized	327.4	319.2	315.7	314.4	318.0
NOR-MAN	455.5	444.8	429.0	415.6	410.2
MANITOBA	571.9	556.9	546.5	546.1	543.8

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 Flin Flon, OCN, RM of Kelsey, The Pas, Snow Lake. The lowest screening rates are Chemawawin CN, Grand Rapids, Mathias Colomb CN, Misipawistik CN, the Unorganized Territory and Mosakahiken CN. However, the good news is the observed increased rates for the communities of Misipawistik CN (2nd increase), Grand Rapids, Chemawawin CN, OCN (2nd increase), Mosakahiken FN, Snow Lake,

Mathias Colomb CN (2nd increase) and the Unorganized Territory. As with the previous indicator, we are considered that 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 jurisdiction to ensure access to cervical screening services.

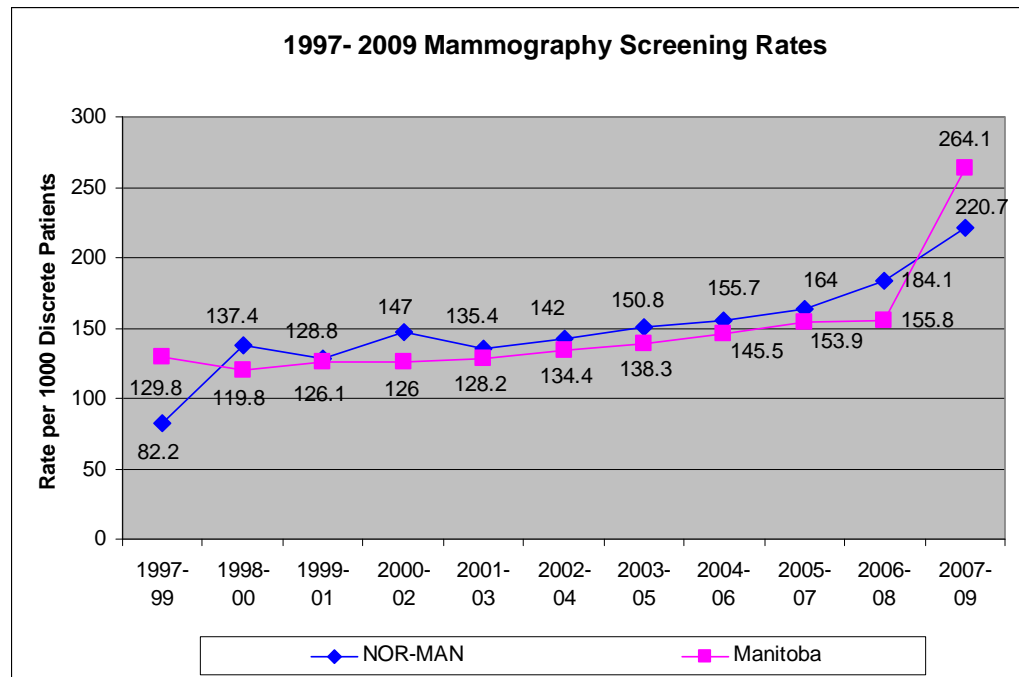
Date: December 2009
Scorecard Area: System Competency
AIM Dimension: Effectiveness
Reporter/Source: MB Health – Health Information Management
Board End: Healthy People
Reporting Period: Trend Analysis 1997-99 to 2007-09

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 2007-2009 Mammography Screening Rates for NOR-MAN experienced an increase; however the increase was not as large as the provincial rate increase. This is the first 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 one 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: December 2009 **Scorecard Area:** System Competency
AIM Dimension: Effectiveness **Reporter/Source:** MB Health – Health Information Management
Board End: Healthy People

Reporting Period: Trend Analysis: 2003 -2005 to 2007 -2009

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

	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009
Misipawistik CN	95.2	75.3	63.2	47.6	74.8
Grand Rapids	97.1	96.6	138.9	133.0	144.9
Chemawawin CN	83.3	84.0	85.3	87.6	106.4
OCN	123.8	111.5	91.3	116.5	141.7
The Pas	154.4	146.8	147.6	184.1	225.5
RM of Kelsey	183.3	184	219.7	243.2	296.9
Mosakahiken CN	129.0	126.3	118.3	157.9	168.2
Snow Lake	186.5	200.0	242.9	241.3	331.3
Flin Flon	165.8	191.7	203.4	213.6	246.1
Mathias Colomb CN	68.3	64.7	83.9	88.7	111.5
Unorganized	106.5	100.8	108.6	129.0	148.1
NOR-MAN	150.8	155.7	164.0	184.1	220.7
MANITOBA	138.3	145.5	153.9	155.8	264.1

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 The Pas and Flin Flon. Rates lower than the provincial rate includes Misipawistik CN, Chemawawin CN, Mathias Colomb CN, OCN, Grand Rapids, Unorganized, and Mosakahiken CN. On a positive note, all NOR-MAN communities have shown an improvement in their rates from the previous time period.

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: December 2009 **Scorecard Area:** System Competency
AIM Dimension: Effectiveness **Reporter/Source:** MB Breast Screening Program (MBSP)
Board End: Healthy People

Reporting Period: Trend Analysis 2000-2002 to 2007-2009

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: Yellow

Community	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09
Flin Flon	61%	62%	66%	65%	64%	63%	62%
Channing	36%	25%	46%	58%	46%	40%	40%
Cormorant	32%	50%	54%	61%	63%	63%	66%
Cranberry	52%	46%	50%	52%	56%	55%	61%
Sherridon	17%	46%	33%	0%	14%	22%	10%
Snow Lake	55%	59%	58%	69%	61%	66%	58%
Wanless	44%	58%	65%	60%	71%	67%	76%
The Pas	60%	60%	54%	52%	62%	60%	59%
OCN	68%	67%	57%	63%	62%	56%	49%
Moose Lake	46%	63%	50%	51%	66%	63%	38%
Easterville	42%	52%	53%	52%	60%	66%	66%
Grand Rapids	40%	44%	44%	46%	39%	40%	40%
Pukatawagan	35%	48%	43%	59%	58%	46%	45%
Regional Total	57%	58%	57%	57%	61%	60%	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 2009 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 2% decrease from two years ago and a 1% decrease from last year.

One of the difficulties in being able to achieve the 70% goal is the number of appointments that we are allotted each year. In 2009, additional appointments were added to both Flin Flon and The Pas and 779 NOR-MAN women were screened on the mobile unit. This is an increase in attendance of 111 women from two years ago but a decrease of 94 women from last year. Of the 779 women screened to date in 2009, 62 were women 70 years of age and over and 13 were women 40 – 49 years (these 75 women are not members of the target population and are not included in the regional chart totals above). An increase in the participation rate was reached in 5 communities with Cranberry Portage experiencing the most improvement and Wanless having the highest screening rate. 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.

Although we have saw rate increases in the communities of the communities of Wanless, Cormorant and Cranberry Portage in 2007-2009 only the community of Wanless achieved a rate higher than the Canadian goal of 70%. The NOR-MAN Breast and Women's Cancer Network continues to distribute shower cards and flowers promoting breast health.

Action Plan:

Continue to monitor indicator. Continue to partner with the MB 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 2 years. The mobile unit is scheduled to visit Flin Flon, Snow Lake, Pukatawagan, The Pas and Grand Rapids in 2010.

Date: December 2009
Scorecard Area: System Competency
AIM Dimension: Effectiveness
Reporter/Source: CIHI – CHAP2 Hospital Summary Report
Board End: Optimal Recovery

Reporting Period: Fiscal Year 2006/07 vs. 2007/08 vs. 2008/09

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

2006-07				
	Total Cases	% Unplanned Readmissions		
		<=7 days	8-28 days	DS <=7 days
SLHC	22	0.0	13.6	0.0
FFGH	1534	3.1	4.7	0.1
TPHC	2370	8.8	7.4	0.0
NRHA Totals	3926	6.5	6.4	0.0
MB Totals	132,371	2.3	3.3	0.8

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

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

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%, and 2008/09 = 62.5%) with the majority of the readmits coming through the ER (2006/07 = 58.6%, 2007/08 = 61.3%, and 2008/09 = 61.5%).

Past trends have shown that the majority of readmission in both the Flin Flon General Hospital and The Pas Health Complex has been related to Internal Medicine and Obstetrical cases. A number of the OBS cases are attributed to women who are admitted to the hospital for a Non-Stress Test and then are sent home until they are in labour. We believe this trend continues to contribute to our higher readmission in 2008-09.

Action Plan:

Further analysis of this indicator is required. We are anticipating the readmission rate to drop in 2009/10 as new procedures are introduced in The Pas with respect to OBS patients. The Pas will no longer be admitting Non-Stress Test (NST) and pre-labouring patients.

Date: December 2009 **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	2005-06	2006-07	2007-08	2008-09
St. Anthony's Hospital	1.07	1.26	0.4	0.4
Flin Flon General Hospital	0.3	0.6	0.3	0.7
Surgical Rates	2005-06	2006-07	2007-08	2008-09
St. Anthony's Hospital	0.89	1.22	1.0	0.6
Flin Flon General Hospital	0.3	1.5	1.3	1.3
PCH Rates	2005-06	2006-07	2007-08	2008-09
Flin Flon PCH	0.8	0.2	1.1	2.4
Northern Lights Manor	0.6	0.08	0.3	2.2
St. Paul's	0.23	0.18	0.1	0.4

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. The rates for Long Term Care Facilities in Flin Flon were higher than previous years due to a diarrheal outbreak.

Action Plan: Continue to monitor rates.

Date: December 2009 **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 2008/09

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 (MIS Code # 30.71840) \$590,021.00= \$605 per employee
Interpretation: Total # of employees 975

Rating: **Good**

Staff Education Internal Sessions	# PART	Staff Education External Sessions	# PART	Required	#
Halifax 8	4	PHC/ Community	66	CPR	146
Wound care	43	OBS	13	ILS	0
MBTelehealth	200	Chemo/ Pharmacy	7	NRP	15
Abuse Training	14	Long Term Care	10	ACLS	11
Ventilator training	81	Admin	4	TNCC/ENCP	0
Behavior training	12	RESP	0	General Orientation	67
Acorn	40	PT/OT	7	RWP	137
Protect of persons	43	ER	19	ERT	114
Alzheimer workshop	21	DSM	7	Leadership Mgmt	49
Nurse Orientation	48	Support services	28	Lifts and Transfers	189
ER/SCU Orientation	11	Staff Ed	10	NVCI	289
Code White	51	Med/Peds	21	Computer	2
2008 Diabetes Guide	70	Dialysis	5	IV Infusion Pumps	125
Mould/Asbestos	20	EMS	0	WHIMIS	46
Lunch and Learns	297				
Housekeeping school/ Dietary	295				
Diabetes	75				
Diabetic Neuropathy	14				
HIV Workshop	32				
PIECES	18				
Buffy Coat	27				
Debriefing training	13				
Retinal Screening	40				
TOTAL 2008-09	1469		197		1190
TOTAL 2007-08	1860		251		700

Increased participation in required training is directly the result of the efforts of our Training Assistants. The decrease in participation in external sessions is reflective of encouraging staff to attend required and internal sessions. A staffing shortage is 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.

Action Plan:

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

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

Date: December 2009
Scorecard Area: System Competency
AIM Dimension: Safety
Board End: Excellence in Patient Safety & Quality Care
Reporter/Source: Occurrence Report Database
Reporting Period: Fiscal Year 2006/2007 to 2008/2009

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.”

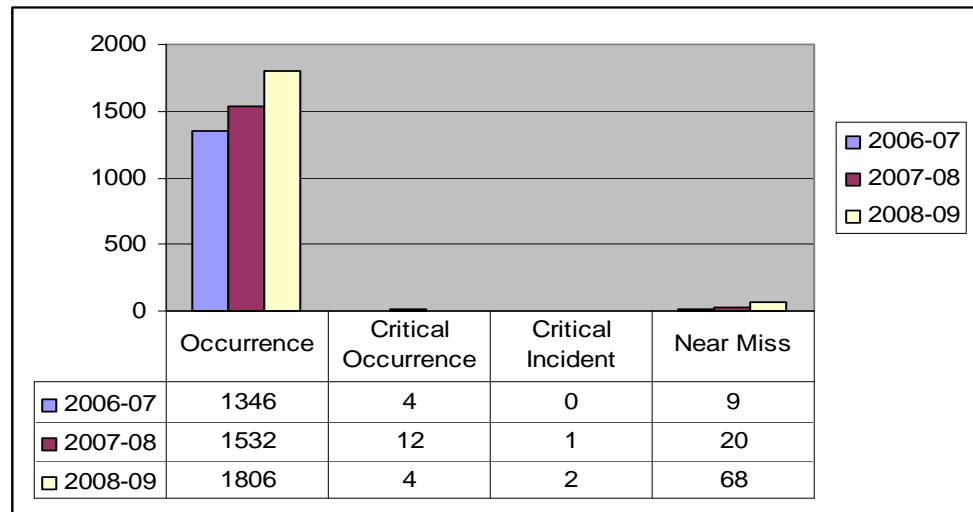
Critical Occurrence = “an occurrence involving substantial risk or harm to staff, visitors, others associated, property or equipment (does not involve patient, resident or client).”

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**



In the past three reporting periods, we have seen an increased number of occurrences being reported. Although at first glance, the increase may be considered to be a negative for the organization, we feel that this a positive indication that more people are reporting occurrences. It has been felt that occurrences are under-reported. We have been working hard to streamline our occurrence reporting system to promote the importance of occurrence reporting and simplifying the process for reporting by staff.

Of the occurrences reported, 96% were categorized as Occurrences. With the passing of Bill 17 Legislation, mandatory reporting of all critical incidents is required. In 2008/09, the NRHA had two 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 has been completed and feedback has been very positive. The form is more user-friendly, captures useful data and has encouraged increased reporting. One new category that is being reported in the 2008/09 year is Workplace Injury. Previously this was captured under the Miscellaneous category and difficult to extrapolate for analysis. 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. 25), the majority of staff recognize that health care errors constitute a real threat to our patients but many occurrences go unreported. 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 will be completing an audit in 2010/11 to review the completeness of occurrence reports and the level of follow-up action and feedback back to staff following an occurrence. Developing a consistent feedback process for staff will also be an area of focus in the upcoming year.

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.

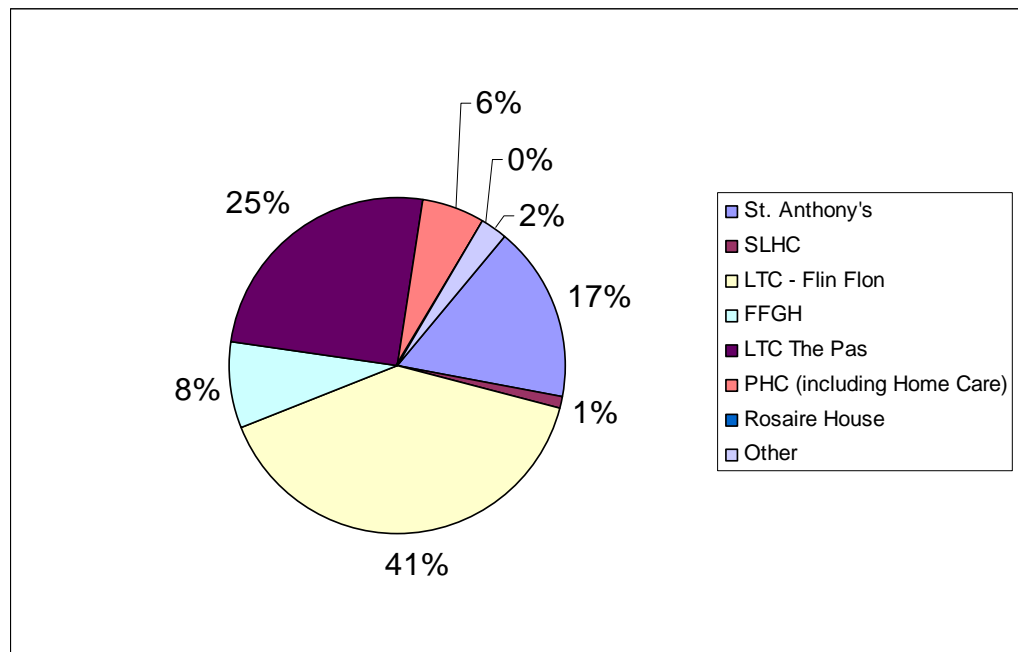
Date: December 2009
Scorecard Area: System Competency
AIM Dimension: Safety
Reporter/Source: Occurrence Report Database
Board End: Excellence in Patient Safety & Quality Care
Reporting Period: Fiscal Year 2008/2009

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

Definition: # of Occurrence by Facility
 Total # of Occurrences

Results:
Interpretation:

Rating: **Good**



The largest percentage of occurrences (66%) was from Long Term Care of which 41% were from Long Term Care in Flin Flon and 25% from Long Term Care in The Pas. St. Anthony's had the next highest percentage at 17%, followed by Flin Flon General Hospital at 8% and then Primary Health Care (which includes Home Care) at 6%.

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

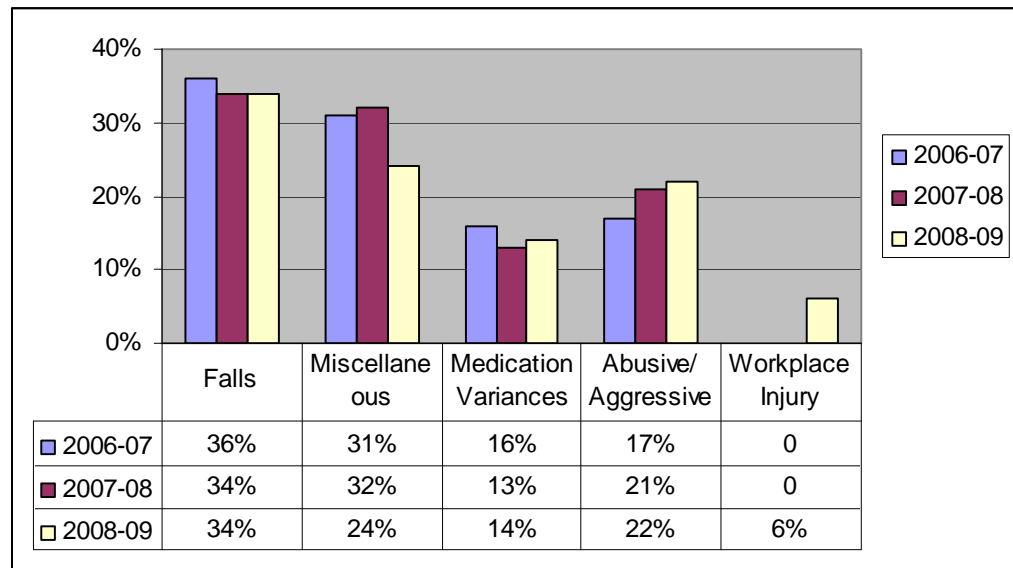
Date: December 2009
Scorecard Area: System Competency
AIM Dimension: Safety
Reporter/Source: Occurrence Report Database
Board End: Excellence in Patient Safety & Quality Care
Reporting Period: Fiscal Year 2006/2007 to 2008/2009

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 “by category” has varied from 2007/08 to 2008/09. The cause of this is due to the fact that Workplace Injury was added as a new category as it was previously captured under Miscellaneous. Of the occurrences reported in 2008/ 09, 634 (34%) were falls, 460 (24%) were reported in the miscellaneous category, 405 (22%) were aggressive/ abusive, 256 (14%) were medication variances and 115 (6%) were workplace injury.

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

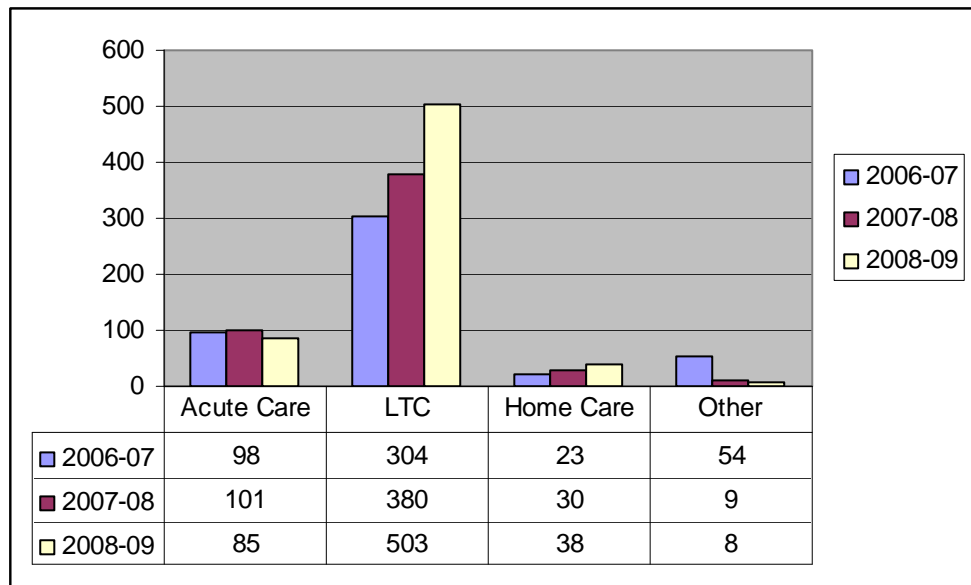
Date: December 2009
Scorecard Area: System Competency
AIM Dimension: Safety
Board End: Excellence in Patient Safety & Quality Care
Reporter/Source: Occurrence Report Database
Reporting Period: Fiscal Year 2006/2007 to 2008/2009

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 at 34%. When reviewing by sector, it is not surprising that our greatest percentage of falls is in our Long Term Care Facilities. Although a fall prevention program was implemented in December 2005, there has been an increase in falls in Long Term Care from 2007-08 to 2008-09. This may be attributed to increase reporting of occurrences in Long Term Care. Work has been done to educate staff regarding the occurrence reporting process therefore staff has become more vigilant in the reporting of falls and other occurrences. Fall prevention will be one of the focus areas for the new Regional Patient Safety Coordinator Position.

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

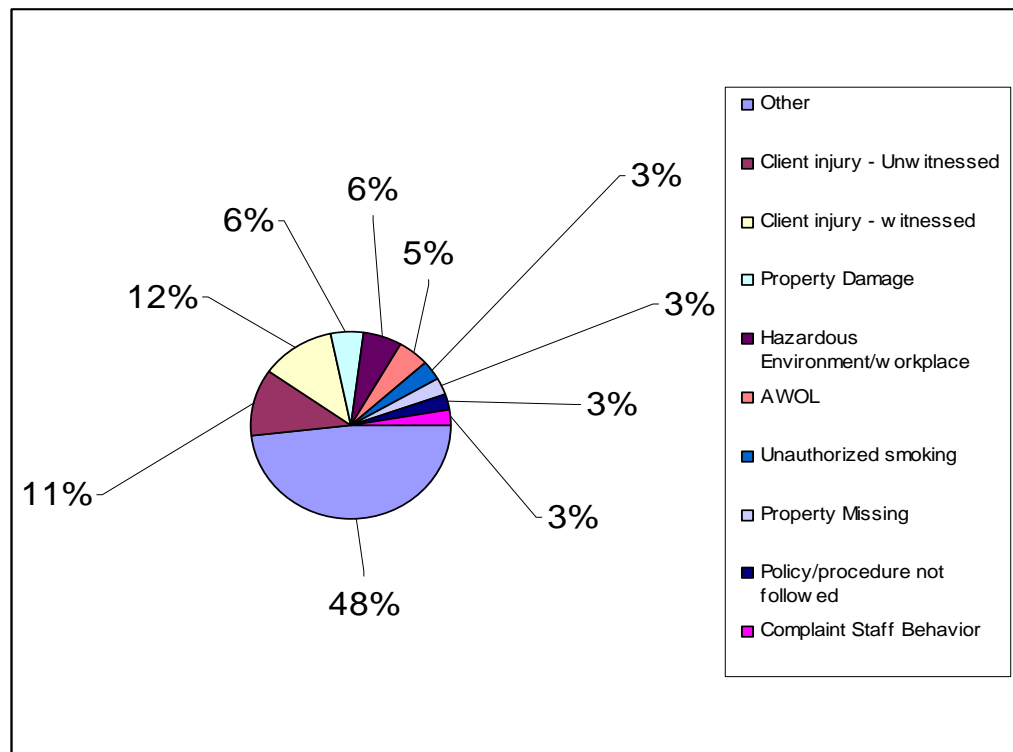
Date: December 2009
Scorecard Area: System Competency
AIM Dimension: Safety
Reporter/Source: Occurrence Report Database
Board End: Excellence in Patient Safety & Quality Care
Reporting Period: Fiscal Year 2008/2009

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: 192 (48%) were other, 47 (12%) Client Injury - witnessed, 45 (11%) Client Injury - unwitnessed, 25 (6%) hazardous workplace condition, 22 (6%) property damaged, 20 (5%) AWOL, 13 (3%) unauthorized smoking, 11 (3%) property missing, 11 (3%) policy / procedure not followed and 11 (3%) Complaint – Staff Behavior.

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

Date: December 2009 **Scorecard** System Competency
Area:
AIM Dimension: Safety **Reporter/** Accreditation Canada
Board End: Excellence in Patient Safety & Quality Care **Source:**

Reporting Period: October 2009

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)

Rating: **Warning**
 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.

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%)

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%)

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 occurred, 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%)

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

Areas of Improvement:

- Patient safety needs to be considered when making program changes including balancing patient safety vs. the need for productivity.
- Staff needs to be recognized for actions taken and a job well done to preserve patient safety.
- Majority of staff recognize that health care errors constitute a real threat to our patients but many go unreported. Important to ensure staff understand occurrence reporting process and when and what to report.
- That there is consistent disclosure to the family involved in an event and the need to involve family in the entire process of understanding the event and possible solutions for resolution.
- Providing consistent feedback to staff regarding changes put into place based on occurrence reports.

Detailed results of the Patient Safety Survey will be reviewed by the Regional Patient Safety Committee and areas of improvement will be acted on accordingly. The Committee will provide regular updates as to actions put in place or when issues have been resolved through The Pulse, staff meetings and memos. Follow-up actions will also be reported in the scorecard.

Date:	December 2009	Scorecard Area:	System Competency
AIM Dimension:	Legitimacy	Reporter/Source:	Corliss Patterson Communications
Board End:	Optimal Access to Services		
Reporting Period:	Calendar Years 2000 to 2009		

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
 2004 = 2
 2005 = 16
 2006 = 12
 2007 = 16
 2008 = 18

Rating: **Optimal**

In 2008, all of the 18 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.

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 and Healthy Living (MHHL) when requests are received. Requests of a sensitive nature are to be discussed with MHHL prior to responding. All requests to be responded to/information granted in 30-day window.

Date: December 2009 **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 2003/04 – 2007/08

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 7113060, 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

Results Interpretation:

Rating: Good

Regional Health Authority	2003/04 %	2004/05 %	2005/06 %	2006/07 %	2007/08 %
Assiniboine	5.0	5.0	5.0	5.0	5.3
Brandon	4.0	3.7	3.6	3.7	3.7
Burntwood	4.9	5.9	6.2	6.2	6.0
Cancer Care	6.0	5.7	5.3	4.3	4.4
Central	5.0	5.0	5.2	5.8	5.6
Churchill	9.4	9.6	10.4	10.2	11.5
Interlake	5.1	4.9	4.5	4.5	4.8
NOR-MAN	5.0	5.1	4.8	5.1	4.9
North Eastman	7.3	6.3	6.6	6.3	6.3
Parkland	5.5	5.4	5.4	5.4	5.1
South Eastman	5.3	5.1	5.2	5.1	6.1
Rural Average	5.1	5.0	5.0	5.3	5.1
Winnipeg	6.2	6.0	4.6	4.4	4.2
MB Average	5.8	5.6	4.7	4.6	4.5

NRHA administrative costs as a percentage of total operating are on par with the rural average of 5.1% and slighter higher than the provincial average of 4.5%. In 2007/08, NOR-MAN's rate was 4.9%, a 0.2% decrease from 2006/07.

Action Plan: Continue to monitor this indicator.

Date: December 2009 **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 2003/04 – 2007/08

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 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

Results

Interpretation:

Rating: **Trouble**

Regional Health Authority	2003/04 %	2004/05 %	2005/06 %	2006/07 %	2007/08 %
Assiniboine	0.5	0.5	1.0	1.1	1.2
Brandon	1.2	1.2	1.1	1.2	1.2
Burntwood	0.6	0.8	0.9	0.9	1.1
Cancer Care	3.7	3.6	3.7	2.7	3.7
Central	0.5	0.5	.08	0.9	1.0
Churchill	1.3	1.5	1.6	1.6	1.6
Interlake	0.5	0.5	1.0	0.9	1.0
NOR-MAN	0.3	0.3	0.5	0.6	0.5
North Eastman	0.9	0.9	1.4	1.6	1.5
Parkland	0.4	0.7	0.9	1.1	1.0
South Eastman	0.6	0.7	0.9	1.2	1.2
Rural Average	0.8	0.9	1.1	1.2	1.3
Winnipeg	1.1	1.1	1.2	1.4	1.7
MB Average	1.0	1.0	1.2	1.3	1.6

NRHA Information Systems costs as a percentage of total operating are the lowest in the province. In 2007, NOR-MAN's rate was 0.5% which is significantly lower than the rural average of 1.3% and the Manitoba average of 1.6%. 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 the province.

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

Date: December 2009
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 2008/09

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:

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

Rating: **Good**

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 20% due to additional support positions approved as well as nursing salary increases. Emergency room visits have decreased by 6%.

In Flin Flon, ER expenses have remained relatively stable. ER visits have increased 3%.

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.

Date: December 2009 **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 2008/09

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: **Warning**

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

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 255 (11%) 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.

Flin Flon shows an increase of 76 visits (7.5%) from the previous fiscal year.

Action Plan: Continue to monitor indicator.

Date: December 2009 **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 2008/09

Indicator Name: Chemotherapy Costs per Total Oncology Visit

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

Results:
Interpretation:

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

Rating: **Good**

Cost per Total Oncology Visit decreased this year by \$102.18 per visit. Total operating costs increased by \$15,400.

Costs have increased by 10%, and service recipient visits have increased by 28%.

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 CancerCare MB. As an RHA, we do not have control over the drug of choice and the expense can fluctuate significantly.

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.

Date: December 2009 **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 2008/09

Indicator Name: Food Cost per Meal Day by site

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

Results:

Interpretation:

Rating: Warning

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

Our total meals days have been reduced as a result of a new conversion factor implemented (increase from \$10.00 per meal day to \$17.20 per meal day) for non-service recipient meals. The impact is a reduction in the number of meals days as per below:

- The Pas Health Complex – 10,122
- Flin Flon General Hospital / Flin Flon Personal Care Home – 6,153
- Northern Lights Manor – 377
- Snow Lake Health Centre – 94

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

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

Date: December 2009 **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 2008/09

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	$\frac{1,683,636}{190,697} = 8.83$	$\frac{1,751,752}{145,200} = 12.06$	$\frac{104,598}{8,666} = 12.07$

Since the last reporting period maintenance costs have decreased in The Pas by 2.33%, Flin Flon by 7.77% and in Snow Lake by 9.01%. This can be attributed to savings realized through our energy retrofit program

Action Plan:

Continued monitoring of this indicator is recommended. With our aging facilities, we are committed to looking for ways to be more energy efficient. We have re-formed our Green Team and are in the process of developing an energy management plan with the following objectives:

- Work aggressively towards reducing energy consumption/ costs.
- Reduce greenhouse gases and contribute to Canada's Kyoto requirements.
- Reduce deferred maintenance and renew aging infrastructure.
- Improve patient and staff comfort.
- Establish NRHA as a model organization for sustainable facilities.

Date:	December 2009	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 2008/09		
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		
Rating:	2008-09 = \$1,078,345		
	Good		
	<p>There has been an overall increase of 7.7% in staff / board travel this past year. This is considered to be an acceptable increase due to the size of our region and given the following explanations:</p> <ul style="list-style-type: none"> • Board travel costs have increased approximately 56% or \$21,500, due to the fact that some new board members live further away in outlying areas. • Employee travel cost net of board travel have increased 6%, this is due primarily to fuel cost increases. • VEMA pricing schedule for fleet vehicles has changed and we are now required to pay market prices for fuel. 		
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: December 2009 **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 2008/2009

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%

In 1999/2000 when NPTP went in-globe, the net expenses were at \$2.26 million. In 2008/09, the net expenses were \$6.34 million. This constitutes a 181% 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 2008/09, NPTP warrants decreased by 2% (163 warrants) from the previous fiscal year yet costs increases by 26%.

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: December 2009 **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 2008/09

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	2004/05 %	2005/06 %	2006-07 %	2007-08 %	2008-09 %
Air	15%	17%	21%	20%	22%
Air Ambulance	5%	5%	5%	6%	7%
Ambulance	1%	1%	1%	0%	0%
Bus	11%	21%	11%	10%	9%
Car	50%	47%	46%	47%	47%
Taxi	17%	18%	16%	17%	15%
Rail	0%	1%	0%	0%	0%

% NPTP Costs by Travel Mode	2004/05 %	2005/06 %	2006/07 %	2007-08 %	2008-09 %
Air	26%	27%	34%	33%	28%
Air Ambulance	47%	46%	44%	47%	52%
Ambulance	2.5%	2%	1%	0%	0%
Bus	3.5%	6%	3%	3%	2%
Car	15%	13%	13%	13%	13%
Taxi	6%	6%	5%	4%	4%
Rail	0%	0%	0%	0%	0%

The largest driver of NPTP costs continues to be air ambulance. In 2008-09, 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). Of note, the change in bus routes instituted in 2005-06 resulted in a 50% reduction in the number of people travelling by bus.

Action Plan: See previous indicator for Action Plan.

Date: December 2009 **Scorecard Area:** System Competency
AIM Dimension: System Alignment **Reporter/S** Audited Financial
Board End: Excellence in Patient Safety & Quality of Care **ource:** Statements
Reporting Period: Fiscal Year 2007/08 vs. 2008/09
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	2007-08 Total Expenses	2007-08 % Allocation of Total Expenses by Program Area	2008-09 Total Expenses	2008-09 % Allocation of Total Expenses by Program Area	2007-08 to 2008-09 % Increase/ (Decrease) in Program Expenses
Acute Care	33,308,341	41%	36,411,362	40%	9%
Long Term Care	9,103,655	11%	10,161,290	11%	12%
Med Remuneration	12,075,304	15%	13,288,341	14%	10%
Community Services	4,276,087	5%	4,549,758	5%	6%
Mental Health	1,221,892	1%	1,352,167	1%	11%
Home Care	4,493,238	6%	4,971,564	5%	11%
Land Ambulance	2,517,290	3%	2,603,913	3%	3%
RHA Costs	3,558,597	4%	4,662,971	5%	31%
Amort Capital Assets	3,232,943	4%	3,211,311	4%	(1%)
Interest capital lease	15,397	0%	12,875	0%	(16%)
NPTP	5,137,010	6%	6,982,568	8%	36%
Pre-retirement	587,258	1%	664,496	1%	13%
Rosaire House	706,656	1%	707,452	1%	0%
Ancillary	1,422,082	2%	1,587,366	2%	12%
Total	81,655,750	100%	91,167,434	100%	12%

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 40% followed by Medical Remuneration at 14%, Long Term Care at 11% and NPTP at 8%. NRHA overall expenditures increased by 12% over the previous fiscal year. Areas of note include:

- Increased costs due to nursing salary awards, northern premiums introduced by MHHL for physicians, and the NPTP program.
- NPTP costs increased 36% from the prior year. NPTP is a MHHL 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.