



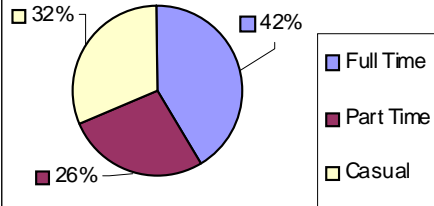
QUALITY SCORECARD

WORK LIFE: VITAL STATISTICS

(April 1, 2007 to March 31, 2008)

JANUARY 2009

TOTAL EMPLOYEE COUNT



Total Employee Count	989
Total Full-Time	412
Total Part-Time	260
Total Casual	317

STAFF PROFILE BY GENDER

Male= 18.9%
Female= 81.1%

% UNIONIZED STAFF

MB = 93%
NRHA = 92%

PHYSICIAN PROFILE

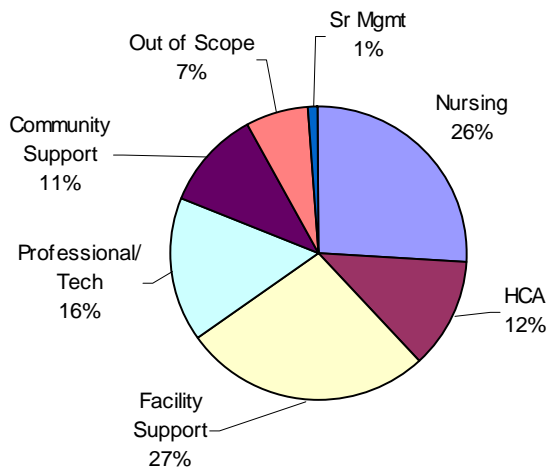
(As of December 29, 2008)

Physician Type	The Pas	Flin Flon	Snow Lake
GP	8	5	2
GP/ Surgeon	1	1	0
GP/ OBS	1	1	0
GP/ Anesthesia	0	2	0
Radiology	1	0	0

Regional Physicians:

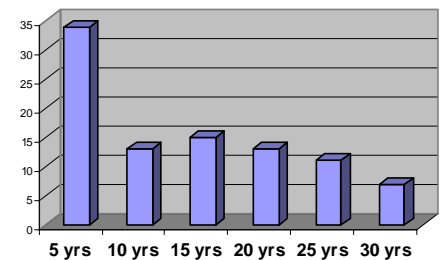
*Internal Medicine -1 *Psychiatry -1
*Medical Officer of Health - 1

Regional Staffing Profile



EMPLOYEE FACTS

2008 Service Award Recipients



Average Age of Employees

NRHA = 42.9 years
MB Healthcare Average = 44.2 years

Average Years of Service

NRHA = 9.6 years
MB Healthcare Average = 8.81 years

Perfect Attendance Award 2006

$\frac{38 \text{ employees}}{672 \text{ eligible employees}} = 5\%$

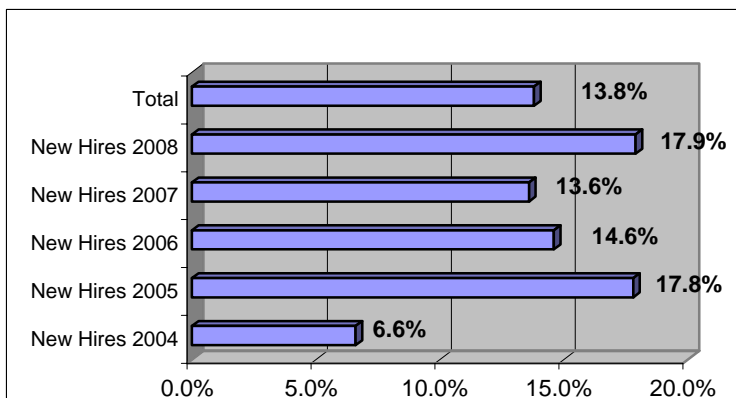
Avg. Vacation/Employee = 4.87 weeks

Regional Retirement Profile

$\frac{178 \text{ potential retirements}}{989 \text{ eligible employees}} = 17.99\%$

Volunteer Hours = 2,271.34 (Flin Flon)

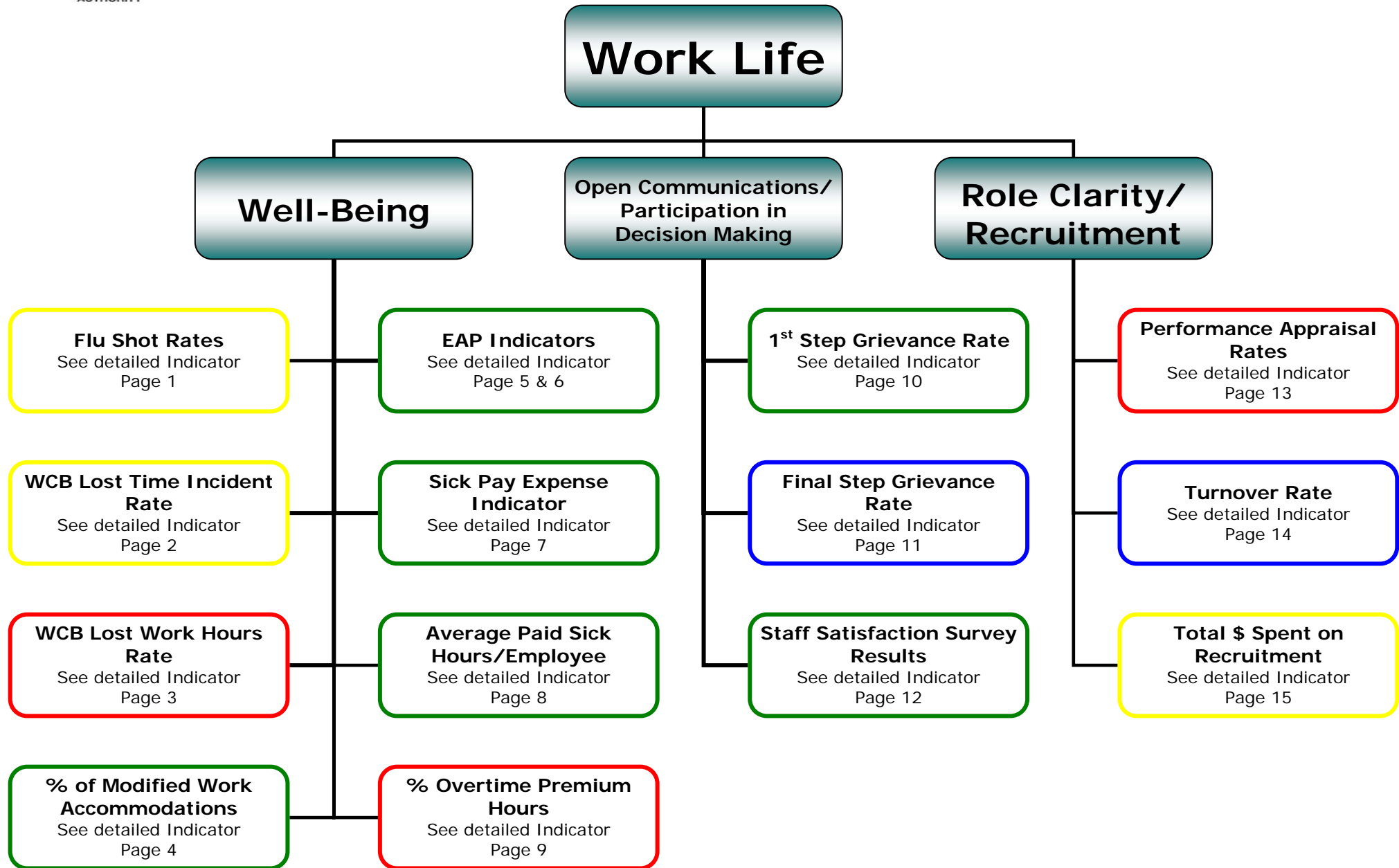
% WORKFORCE SELF-DECLARED ABORIGINAL





Quality Scorecard: Work Life

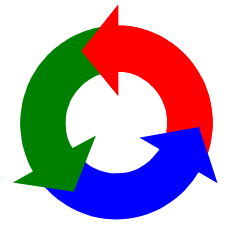
January 2009



NOR-MAN Regional Health Authority Quality Scorecard: Worklife

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

NOR-MAN REGIONAL HEALTH AUTHORITY
 QUALITY SCORECARD - WORK LIFE
 January 2009



Date: January 2009 **Scorecard** WORK LIFE
Board End: Healthy People **Area:**
AIM Dimension: Well-being **Reporter/** Human Resources
Source: Staff Health/ Primary Health Care
Reporting Period: Flu immunization campaign 2007 & 2008

Indicator Name: Overall Employee Flu Shot Rate/ Hands-on Employee Flu Shot Rate

Definition: $\frac{\text{Total \# employee flu shots}}{\text{Total employee count}}$ $\frac{\text{Total \# of hands-on employee flu shots}}{\text{Total \# of Hand-on Employees}}$

Note: Hands-on staff includes staff that has direct contact with patients/ clients.

Evidence/ Interpretation:

Rating: **Warning**

Site	Overall Employee Flu Shot Rate		Hands-on Employee Flu Shot Rate	
	2007	2008	2007	2008
The Pas District	$\frac{203}{463} = 45\%$	$\frac{225}{473} = 48\%$	$\frac{171}{366} = 47\%$	$\frac{178}{381} = 47\%$
Flin Flon District	$\frac{251}{459} = 55\%$	$\frac{246}{408} = 48\%$	$\frac{236}{350} = 67\%$	$\frac{212}{433} = 49\%$

Flu shot rates for employees working in the Flin Flon and surrounding areas have seen a decrease since the last reporting period in both the percentage in the overall employee flu shot rate and the hands-on rate. In The Pas, the rates have remained similar to the last reporting period.

Action Plan: The program is voluntary. Staff Health & Primary Health Care continues to promote the importance of flu shots to staff and offers a free lunch incentive to those employees that receive their flu immunization. Continue to participate on the Provincial Pandemic Committee in which one of the areas of concern is immunizations of employees.

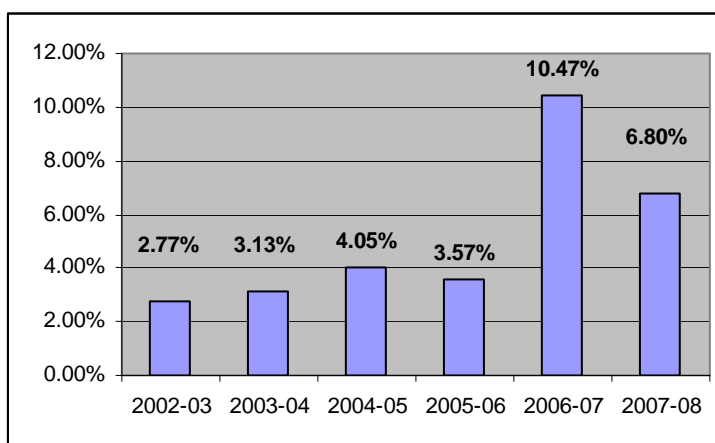
Date: January 2009 **Scorecard** WORK LIFE
Board End: Healthy People **Area:**
AIM Dimension: Well-being **Reporter/** Human Resources
Reporting Period: April 1, 2007 to March 31, 2008 **Source:** HR Benchmarking Survey

Indicator Name: **Worker's Compensation (WCB) Lost Time Incident Rate**

Definition: # WCB Lost Time Incidents
Employee Count

Evidence/ Interpretation: 2007 - 08 = $\frac{68}{989} = 6.8\%$

Rating: **Warning**



MB Healthcare Sector Average = 4.8%

NRHA has a higher percentage of lost time in comparison to the Healthcare Sector average for this time period. A number of our injuries are related to patient/material lifting. Of note, the percentage has decreased since last reporting period from 10.47% to 6.8%.

Action Plan: Continue to trend. 2008 Critical Job Inventory again identified back injuries as our most significant time loss incident. NRHA has commenced rolling out the Transfers/Lifts/Repositioning (TLR) program which provides guidance to employees on proper lifting mechanics. Audit component to be built into training program to monitor effectiveness. Ability Management Program has been approved and is in place. Budget submission for a Workplace Safety & Health Officer/Ability Manager has again been submitted for consideration this budget year. Ergonomic Program in place that clearly outlines the types of lifts/transfers used in NRHA and the types of equipment used.

Date: January 2009 **Scorecard Area:** WORK LIFE
Board End: Healthy People **Reporter/Source:** Human Resources
AIM Dimension: Well-being **Source:** HR Benchmarking Survey

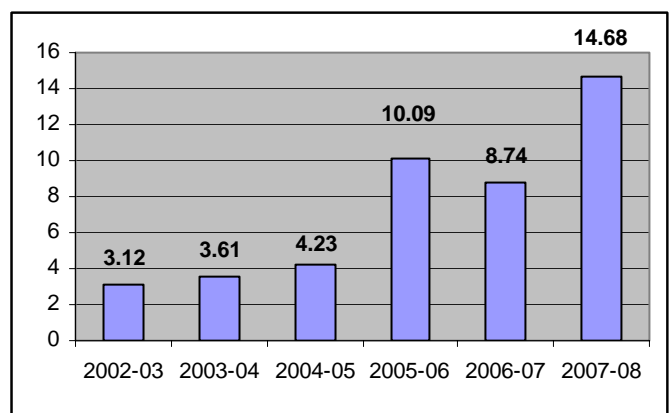
Reporting Period: April 1, 2007 to March 31, 2008

Indicator Name: **Worker's Compensation Board Lost Work Hours Rate**

Definition: $\frac{\# \text{ WCB Lost Work Hours}}{\text{Employee Count}}$

Evidence/ Interpretation: 2007 - 08 = $\frac{14,523.48}{989} = 14.68$ work hours lost/ employee

Rating: **Trouble**



MB Healthcare Sector = 10.18

The average hours lost per employee has increased substantially. These increases have resulted in an increase in our WCB premiums. We are seeing more long term absences while an employee is off.

Action Plan: Continue to trend. NRHA needs to become more aggressive in Modified Work Plans for injured workers. On January 13/09, HR and Finance will be receiving a presentation from WCB about financial impacts of premiums and cost/benefit analysis of return to work programs sponsored by the Employer (not always supernumerary).

Date: January 2009 **Scorecard** WORK LIFE
Board End: Healthy People **Area:**
AIM Dimension: Well-being **Reporter/** Human Resources
Source: HR Benchmarking Survey

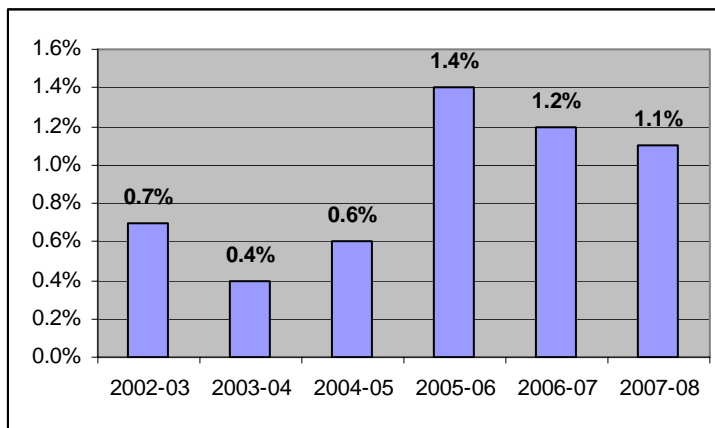
Reporting Period: April 1, 2007 to March 31, 2008

Indicator Name: **Percentage of Modified Work Accommodations (MWA)**

Definition:
$$\frac{\text{\# of Organized Modified Work Accommodations}}{\text{Employee Count}}$$

Evidence/ Interpretation: 2007 - 08 = $\frac{11}{989} = 1.1\%$ modified work accommodations

Rating: **Good**



MB Healthcare Sector = 3.4%

Under legislation there is a requirement to return injured/ill workers back to work wherever possible. NRHA supports and works with the employee(s) and the Union to return injured/ill workers back to work. Ability Management Program now in place.

Action Plan: Continue to trend. The Job Safety analysis (JSA) has been revised to include a Physical Demands Analysis (PDS). This will allow the RHA to be able to better match an employee to a position based on any medical restrictions that may be in place for that employee.

Date: January 2009 **Scorecard** WORK LIFE
Board End: Healthy People **Area:**
AIM Dimension: Well-being **Reporter/** Human Resources
Source: HR Benchmarking Survey

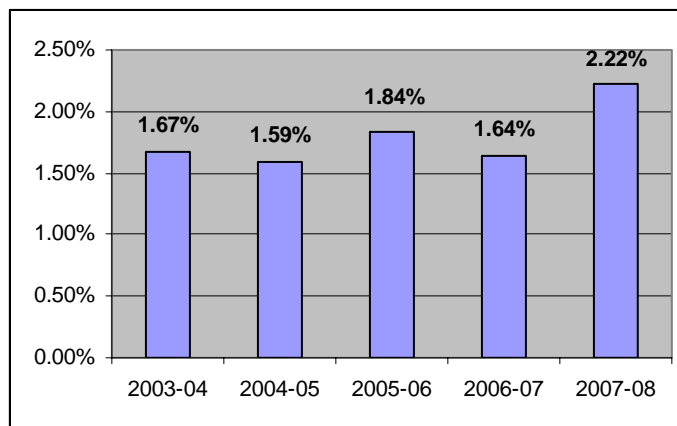
Reporting Period: April 1, 2007 to March 31, 2008

Indicator Name: **Employee Assistance Program (EAP) Utilization Rates**

Definition: Total # of EAP Cases
Employee Count

Evidence/ Interpretation: 2007 - 08 = $\frac{22}{989} = 2.22\%$

Rating: **Good**



MB Healthcare Sector = 8%

We believe the low participation rate is due to the fact that in-person service is somewhat limited and both Tolko and HBMS have programs in which a number of our employees are covered as a result of spouses working with the company.

Action Plan: Continue to promote the program. The Executive Director of Human Resources is a member of the provincial EAP. Suggestion has been put forth to Blue Cross/EAP to purchase a Telehealth station to increase service to rural areas.

Date: January 2009 **Scorecard Area:** WORK LIFE
Board End: Healthy People **Reporter/Source:** Human Resources
AIM Dimension: Well-being **Source:** HR Benchmarking Survey

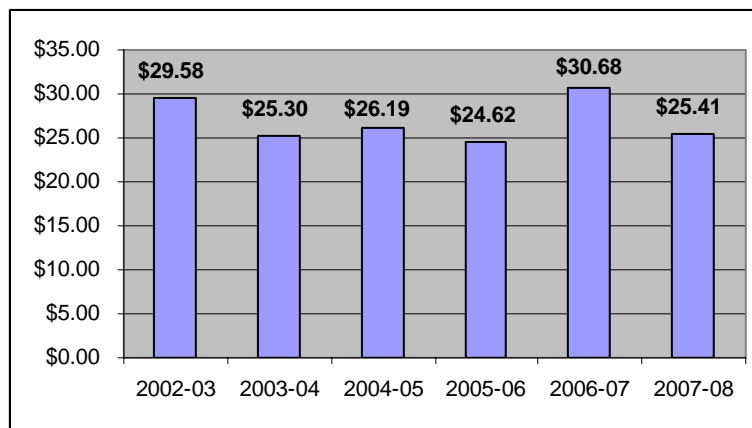
Reporting Period: April 1, 2007 to March 31, 2008

Indicator Name: Employee Assistance Program (EAP) Expense/ Eligible Employee

Definition: EAP Expense
Employee Count

Evidence/ Interpretation: 2007 08 = $\frac{\$25,127.07}{989} = \25.41

Rating: **Good**



MB Healthcare Sector Average = \$27.88

Action Plan: See above indicator. This is a provincial program and the rate is set by HEPP and we have no control of the rate.

Date: January 2009 **Scorecard** WORK LIFE
Board End: Healthy People **Area:**
AIM Dimension: Well-being **Reporter/** Human Resources
Source: HR Benchmarking Survey

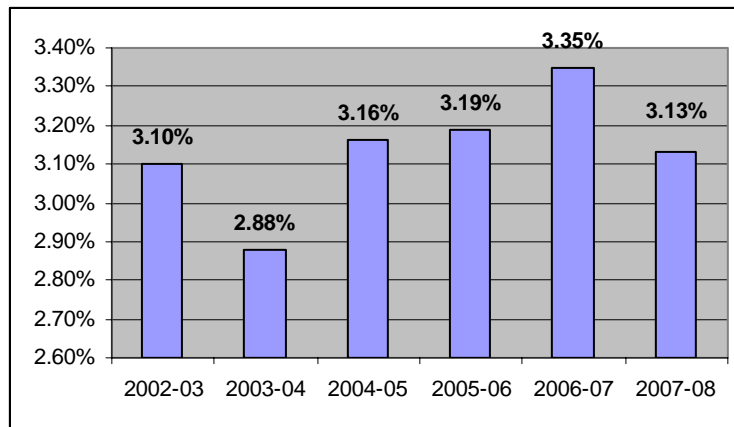
Reporting Period: April 1, 2007 to March 31, 2008

Indicator Name: Sick Pay Expense Indicator

Definition: $\frac{\text{Total \$ expensed for sick pay}}{\text{Total salary \$}}$

Evidence/ Interpretation: 2007 - 08 = $\frac{\$1,083,497.31}{\$34,614,230.05}$ = 3.13% of budget

Rating: **Good**



Healthcare Sector Average = 3.24%

Sick Pay continues to be approximately 3% of the total salary budget, which is similar to the Healthcare Sector average.

Action Plan: Continue to trend. Continue to work with managers on the Attendance Management Program and Ability Management Program.

Date: January 2009 **Scorecard** WORK LIFE
Board End: Healthy People **Area:**
AIM Dimension: Well-being **Reporter/** Human Resources
Source: HR Benchmarking Survey

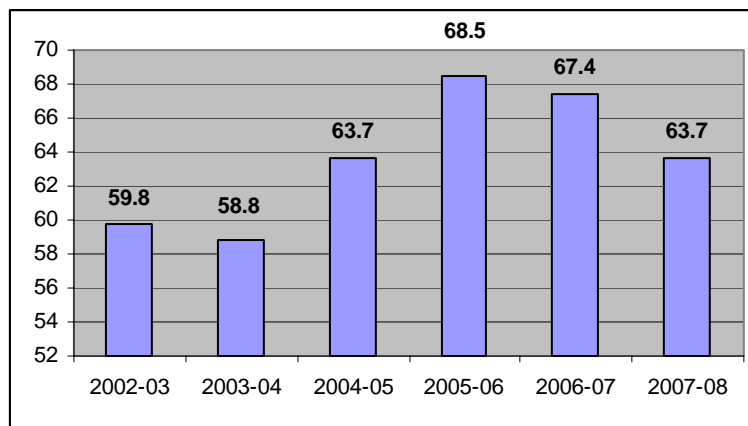
Reporting Period: April 1, 2007 to March 31, 2008

Indicator Name: Average Paid Sick Hours per Eligible Employee

Definition: $\frac{\# \text{ paid sick hours}}{\# \text{ eligible employees}}$

Evidence/ Interpretation: 2007 - 08 = $\frac{44,604}{672}$ = 63.7 sick hours/ eligible employee

Rating: **Good**



MB Healthcare Sector Average = 55.9 hours

NRHA's average sick hours/employee is slightly higher than the Healthcare Sector average. There was a slight decrease in sick hours from the last scorecard from 67.4 to 63.7 hours per eligible employee.

Action Plan: Continue to trend. See above action plan for Sick Pay Expense Indicator.

Date:	January 2009	Scorecard Area:	WORK LIFE
Board End:	Healthy People	Reporter/Source:	Human Resources
AIM Dimension:	Well-being		HR Benchmarking Survey

Reporting Period: April 1, 2007 to March 31, 2008

Indicator Name: Overtime Premium hours

Definition: $\frac{\text{Total \# overtime premium hours}}{\text{Total \# hours worked by employees}}$

Evidence/ Interpretation: $\frac{81,966.85}{1,098,121.45} = 7.4\%$

MB Healthcare Sector Average = 3.3%

Rating:

TROUBLE

This is a new indicator we are tracking for the purpose of reviewing where and why overtime dollars are being utilized. Of the total hours worked by employees, 7.4% is being used for overtime. This is significantly higher than the MB healthcare sector average of 3.3% which is cause for concern.

Action Plan:

Further investigation required. Vacancy rates and employee absences from work are huge drivers of this indicator. The requirement for one-to-one attendant for the Personal Care Homes has also greatly impacted overtime costs. We will be updating the Attendance Management Program and raising awareness of the program. Our Ability Management Program is in place and we are starting to see results in employees returning to work sooner. Further review required on the creation of "Resource Pools" (i.e. HCA). We have RN/LPN Resource Pools and this has had positive impact on scheduling/ overtime. Currently patient census is considered before shift replaced. Quarterly reporting on overtime by department to be established.

Date: January 2009 **Scorecard** WORK LIFE
Board End: Healthy People **Area:**
AIM Dimension: Open Communication **Reporter/** Human Resources
Source: HR Benchmarking Survey

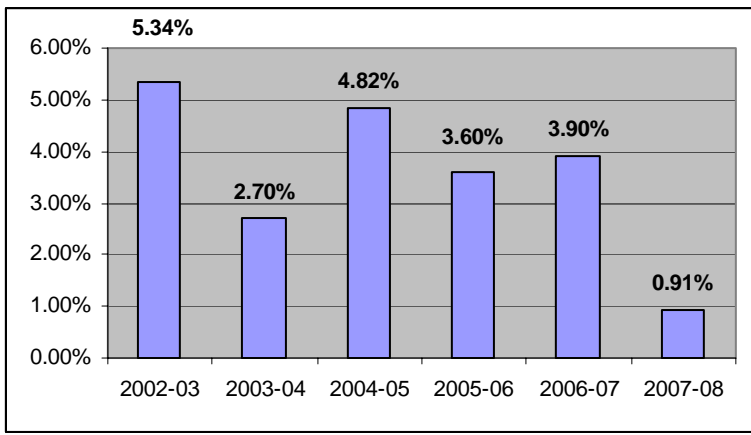
Reporting Period: April 1, 2007 to March 31, 2008

Indicator Name: Overall (First Step) Grievances Rate

Definition: # of First Step Grievances
 # Average Union Employee Count

Evidence/ Interpretation: 2007 - 08 = $\frac{9}{989} = 0.91\%$ first step grievances

Rating: **Good**



MB Healthcare Sector Average = 0.92%

This indicator counts all grievances received in the organization. We have seen a significant decrease from last reporting period and are now on par with the MB healthcare sector average.

Action Plan: Will continue to trend. The implementation of scheduling guidelines with MNU and CUPE has addressed a number of concerns from our employees. We are redeveloping the Scheduling Guidelines and Vacation Scheduling Guidelines with CUPE to further streamline the process.

Date:	January 2009	Scorecard Area:	WORK LIFE
Board End:	Healthy People	Reporter/Source:	Human Resources
AIM Dimension:	Open Communication		HR Benchmarking Survey

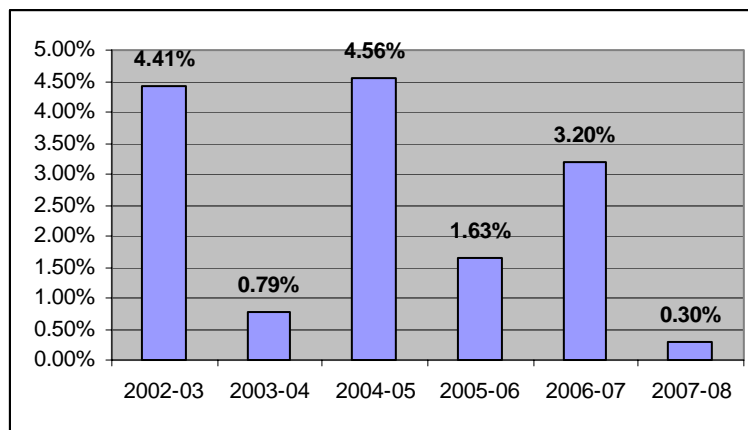
Reporting Period: April 1, 2007 to March 31, 2008

Indicator Name: "Final Step" Grievance Rate

Definition: # "final step" grievances
union employee count

Evidence/ Interpretation: 2007 - 08 = $\frac{3}{989} = 0.3\%$ final step grievance rate

Rating: Optimal



MB Healthcare Sector Average = 0.52%

This indicator counts only those grievances, which reach the final step in the process prior to the step where intervention is possible by an external party. Arbitration is the final step in the grievance process. We have observed a significant decrease from last reporting period and are now lower than the MB healthcare sector average.

Action Plan: Will continue to trend. NRHA has had 3 grievances proceed to the arbitration stage: 1 arbitration was cost-shared, 1 resolved through mediation and 1 proceeded to hearing.

Date:	January 2009	Scorecard Area:	WORK LIFE
Board End:	Healthy People	Reporter/Source:	Accreditation Canada
AIM Dimension:	Participation in Decision making		Work Life Pulse

Reporting Period: October – November 2007

Indicator Name: **Staff Satisfaction Survey Response Rate**
Selected Results

Definition: # of Employees Completing Survey
 Eligible Employees

Evidence/ Interpretation: **Response Rate**
 2007: **585 = 61% response rate**
 955

Rating: **Good** **Summary of Work Life Pulse Findings:**

RED FLAGS:

- 32% felt that most days at work were stressful. (45% stated a bit stressful)
- 38% were satisfied with communications within the organization (37% neutral)
- 45% felt that had enough time to do their job adequately. (27% neutral)
- 46% felt that they can trust the organization (32% neutral).
- 48% indicated that they were satisfied with their involvement in decision making in the organization. (30% neutral)

YELLOW FLAGS:

- 51% were satisfied with the communications in their work area. (32% neutral)
- 56% felt their job allows them to balance work and family/ personal life. (27% neutral)
- 57% responded that overall, they were satisfied with the organization. (27% neutral)
- 57% felt the organization supports their learning and development. (27% neutral)
- 57% were satisfied with the amount of control they had over their job. (36% neutral)
- 61% indicated they believed their work environment was safe. (23% neutral)
- 66% were satisfied with their supervisor. (22% neutral)
- 73% agreed that their working conditions contributed to patient safety. (19% neutral)

GREEN FLAGS:

- 77% were clear of what was expected of them to do their job. (14% neutral)
- 82% said they feel they can do their best quality job. (16% sometimes)
- 86% said in the past 12 months, that they did not work when ill or injured because they felt obliged to.
- 88% said their physical health was acceptable, very good or excellent.
- 90% said in the past 12 months, only occasionally was away from work because of own injury or illness.
- 92% said they are satisfied with their job.
- 93% said their health was acceptable, very good or excellent.
- 93% said their mental health was acceptable, very good or excellent.

Action Plan: HR CQI Team has created 3 teams to identify the concerns raised by our employees. Three categories have been established: Leadership, Healthy Workplace and Communication. The 3 teams will be conducting focus group discussions in the new year to obtain more specific feedback from staff. Action plans will be created based on that feedback.

NOR-MAN Regional Health Authority Quality Scorecard: Work Life (January 2009)

Ratings: **Blue = Optimal** **Green = Good; Ongoing CQI** **Yellow = Warning/ Room for Improvement;**
Red = Trouble/ Extensive Work Required; Black = In Development/ Progress being Made

Date: January 2009 **Scorecard** WORK LIFE
Board End: Healthy People **Area:**
AIM Dimension: Role Clarity **Reporter/** Human Resources
Source: Human Resources CQI

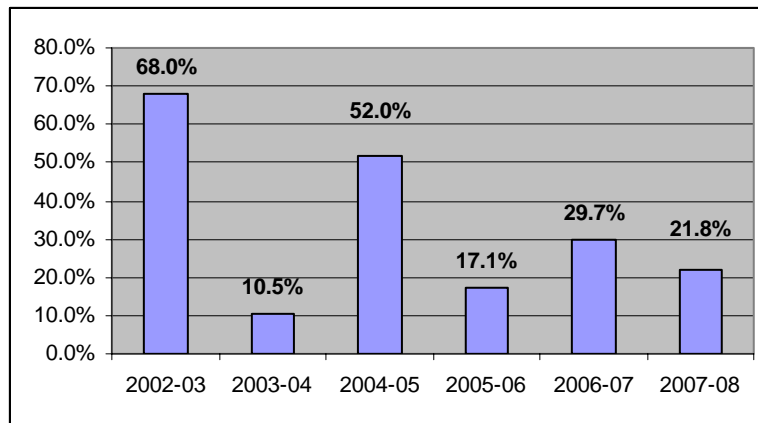
Reporting Period: April 1, 2007 to March 31, 2008

Indicator Name: Performance Appraisal Rate

Definition: # of staff with current evaluation
Employee Count

Evidence/ **2007 - 08 = $\frac{147}{672} = 21.8\%$**
Interpretation:

Rating: **Trouble**



Performance Appraisal compliance rates has decreased from last year. Manager workloads is the significant driver of this indicator

Action Plan: Continue to reinforce the importance of the performance appraisal in the manager/employee relationship. A monthly reminder notice it sent to Managers and a quarterly update of outstanding Performance Appraisals will be provided to the applicable Executive Director. As part of the HR CQI team review, Performance Appraisals are part of the Leadership Review. A focus group discussion will be held on February 17/09 with Managers to discuss what is working, what is not working and what could work. Action plan will be developed from that feedback.

Date: January 2009 **Scorecard** WORK LIFE
Board End: Healthy People **Area:**
AIM Dimension: Role Clarity **Reporter/** Human Resources
Source: Human Resources CQI

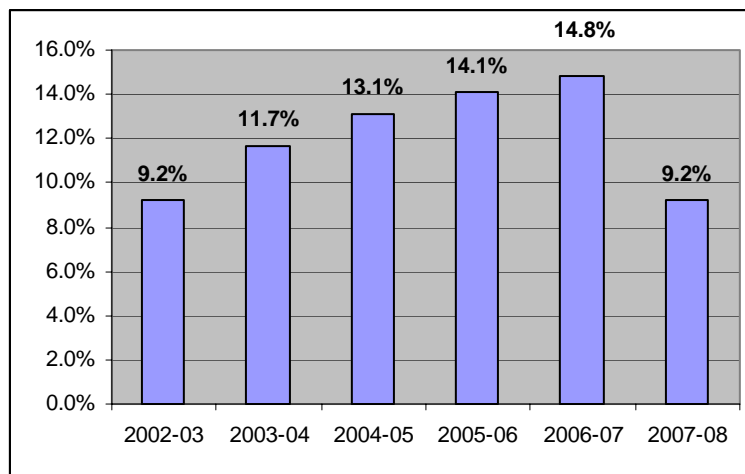
Reporting Period: April 1, 2007 to March 31, 2008

Indicator Name: Turnover Rate

Definition: # of separations
Employee Count

Evidence/ **2007 - 08 = $\frac{91}{989}$ = 9.2%**
Interpretation:

Rating: Optimal



MB Healthcare Sector Average = 13.7%

NRHA achieved a significant decrease in turnover this past year and is significantly lower than the MB healthcare average.

Action Plan: Retention will continue to be our focus. We continue with a number of initiatives that we hope will increase retention in our workplace. We support and encourage: Orientation, WS&H, Employee Wellness, Ability Management, Social Activities, Education, and Representative Workforce. We will continue with the strategies as identified by the HR CQI Team to achieve our goal of becoming an Employer of Choice.

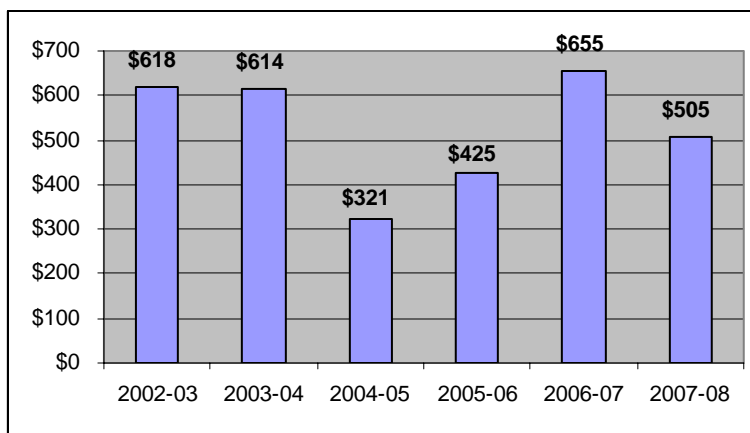
Date: January 2009 **Scorecard** WORK LIFE
Board End: Healthy People **Area:**
AIM Dimension: Role Clarity **Reporter/** Human Resources CQI
Source:
Reporting Period: April 1, 2007 to March 31, 2008

Indicator Name: Total \$ Spent on Recruitment/ new hire

Definition: Total \$ spent on recruitment activities
Total # of new hires

Evidence/ 2007 - 08 = \$92,411.34 = \$504.98
Interpretation: 183

Rating: **Warning**



MB Healthcare Sector Average = \$206.09

NRHA continues to spend considerably more on recruitment than the MB Healthcare Sector average. We continue to have long standing vacancies which we must continue to advertise in the hope of recruitment. Unfortunately, much of these costs are beyond our control.

Action Plan: Continue to monitor most effective methods of advertising. We have included a question during the interview process to ask applicants how he/she became aware of the position. This will help us evaluate most effective mode of advertisement. NRHA has developed a recruitment video and updated promotional materials. We will continue with sponsorships and target students in healthcare education. Sponsorship results in a return of service agreement. We also worked with UCN and high schools to establish the dual credit Health Care Aide Program. This is a great opportunity for students to achieve the HCA certificate upon graduating from high school and it may result in students choosing to continue their education in healthcare. The Representative Workplace Circle continues to work with education and employment and training to bring training to the north. We actively pursued the Paramedic Training program to be offered in our region and were successful. We worked closely with all parties and partnered with UCN to have students ready with the required prerequisites for course start.