

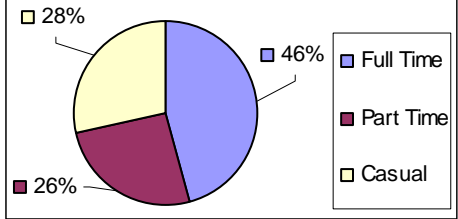


QUALITY SCORECARD

WORK LIFE: VITAL STATISTICS

(April 1, 2008 to March 31, 2009)
FEBRUARY 2010

TOTAL EMPLOYEE COUNT



Total Employee Count 975
 Total Full-Time 446
 Total Part-Time 254
 Total Casual 275

STAFF PROFILE BY GENDER

Male= 11%
 Female= 89%

% UNIONIZED STAFF

MB = NA
 NRHA = 91.4%

PHYSICIAN PROFILE

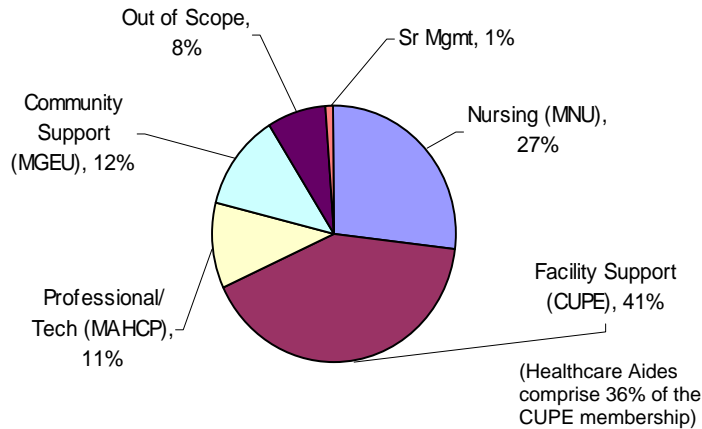
(As of January 2010)

| Physician Type | The Pas | Flin Flon | Snow Lake |
|----------------|---------|-----------|-----------|
| GP | 9 | 6 | 2 |
| GP/ Surgeon | 1 | 0 | 0 |
| GP/ OBS | 1 | 1 | 0 |
| GP/ Anesthesia | 0 | 2 | 0 |
| Radiology | 1 | 0 | 0 |

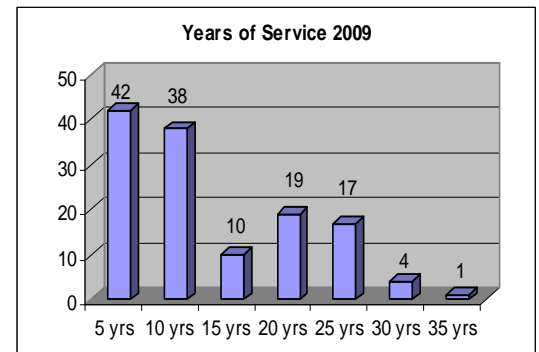
Regional Physicians:

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

Regional Staffing Profile



EMPLOYEE FACTS



Average Age of Employees

NRHA = 45.42 years
 MB Healthcare Average = 43.89 years

Average Years of Service

NRHA = 9.6 years
 MB Healthcare Average = 9.17 years

Perfect Attendance Award 2006

33 employees = 4.7%
 700 eligible employees

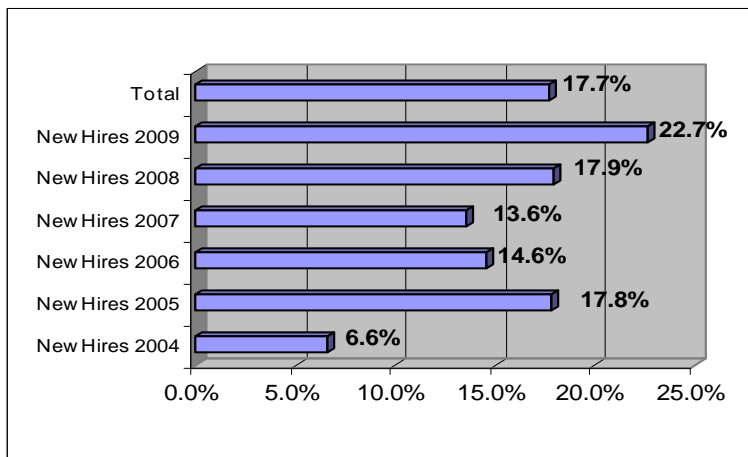
Avg. Vacation/Employee = 4.92 weeks

Regional Retirement Profile

116 potential retirements = 11.8%
 975 eligible employees

Volunteer Hours = 3,288
 (Flin Flon & The Pas)

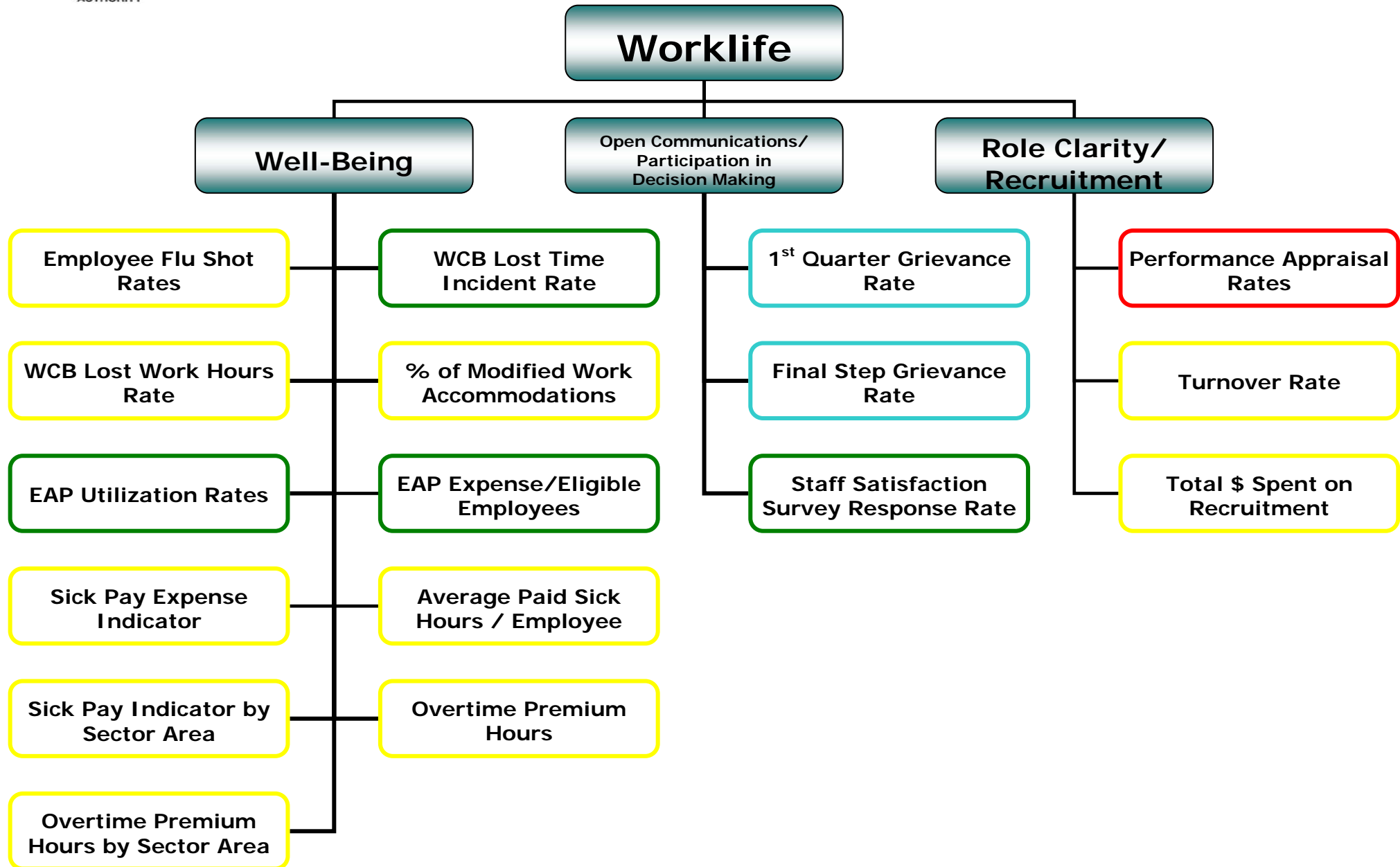
% WORKFORCE SELF-DECLARED ABORIGINAL



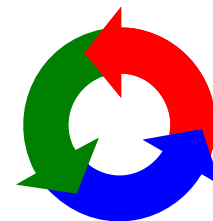


Quality Scorecard: Work Life

February 2010



NOR-MAN REGIONAL HEALTH AUTHORITY QUALITY SCORECARD - WORK LIFE February 2010



Date: February 2010 **Scorecard Area:** WORK LIFE
Board End: Healthy People **Reporter/Source:** Human Resources
AIM Dimension: Well-being **Source:** Staff Health/ Primary Health Care

Reporting Period: Flu immunization campaign 2008 vs.2009

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:

| Site | Overall Employee Flu Shot Rate | | Hands-on Employee Flu Shot Rate | |
|--------------------|--------------------------------|--------------------------|---------------------------------|--------------------------|
| | 2008 | 2009 | 2008 | 2009 |
| The Pas District | $\frac{225}{473} = 48\%$ | $\frac{157}{502} = 31\%$ | $\frac{178}{381} = 47\%$ | $\frac{123}{372} = 33\%$ |
| Flin Flon District | $\frac{246}{408} = 48\%$ | $\frac{136}{472} = 28\%$ | $\frac{212}{433} = 49\%$ | $\frac{110}{416} = 26\%$ |

Rating:

Warning

| Overall HINI Vaccine Rate (The Pas) | Overall HINI Vaccine Rate (Flin Flon) |
|-------------------------------------|---------------------------------------|
| $\frac{206}{502} = 41\%$ | $\frac{262}{472} = 55.5\%$ |

Due to HINI, the flu shot campaign in 2009 was delayed for staff as per provincial direction. This impacted the number of staff who received the flu shot as the HINI shot was available to staff first and many staff chose not to come back to get their flu shot. Staff uptake for the HINI shot was 41% in The Pas and surrounding areas and 55.5% for Flin Flon and surrounding areas. Although the HINI and Flu vaccine is voluntary, staff are strongly encouraged to get the vaccine. As an incentive to promote the importance, free cafeteria lunch vouchers were given to those employees that received their flu shot as well as a second voucher if they received their HINI shot. Staff had the option of getting their shots at Staff Health, Primary Health Care or attending the open Community Clinics. Staff Health & Primary Health Care staff worked tirelessly to promote both the HINI and Flu Shot Campaign in 2009. There were a total of 49 community and school clinics held in the Region by the RHA [The Pas (20), Flin Flon (15), Cranberry Portage (3), Snow Lake (9), Sherridon (1) and Cormorant (1)].

Action Plan: Continue to monitor indicator and promote the importance of immunization to staff.

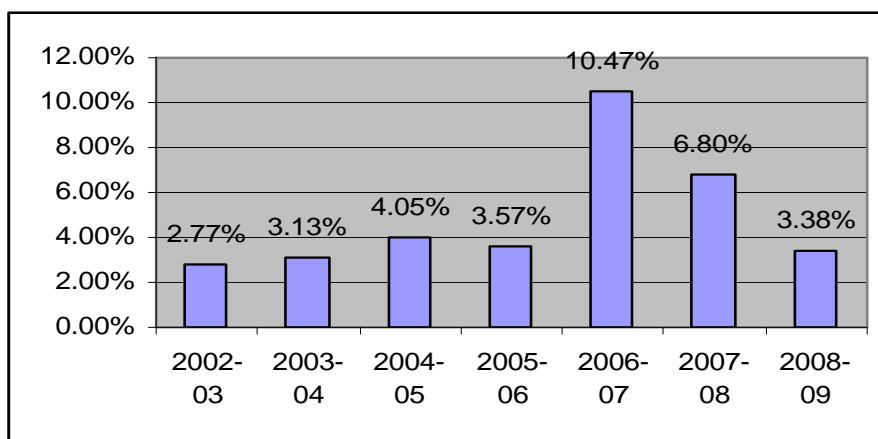
Date: February 2010 **Scorecard** WORK LIFE
Board End: Healthy People **Area:**
AIM Dimension: Well-being **Reporter/** Human Resources
Reporting Period: April 1, 2008 to March 31, 2009 **Source:** HR Benchmarking Survey

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

Definition: # WCB Lost Time Incidents
Employee Count

Evidence/ Interpretation: 2008 - 09 = $\frac{33}{975} = 3.38\%$

Rating: **Good**



MB Healthcare Sector Average = 5.2%

NRHA has a significantly lower percentage of lost time incidents in comparison to the Healthcare Sector average for this time period. Although the number of lost worked hours has remained relatively the same (see next page). This is a decrease from 6.9% to 3.38%.

Action Plan: Continue to monitor. NRHA has implemented the following programs which likely can be attributed to the decreased incident rates:

- Transfers/Lifts/Repositioning (TLR)
- Non-Violent Crisis Intervention Training (NVCI)
- Code White Policy/Training
- Ergonomic Reviews

| | | | |
|-----------------------|----------------|-------------------------|------------------------|
| Date: | February 2010 | Scorecard Area: | WORK LIFE |
| Board End: | Healthy People | Reporter/Source: | Human Resources |
| AIM Dimension: | Well-being | | HR Benchmarking Survey |

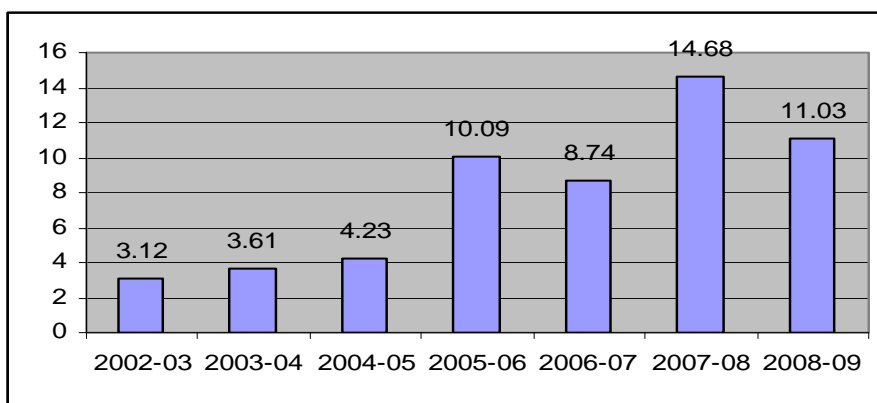
Reporting Period: April 1, 2008 to March 31, 2009

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

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

Evidence/ Interpretation: 2008- 09 = $\frac{10,755}{975} = 11.03$ work hours lost/ employee

Rating: **Warning**



MB Healthcare Sector = 10.83

The average hours lost per employee has decreased slightly. NRHA is still higher than the provincial average but has decreased since the last reporting period. Although we are seeing a decrease in the number of incidents, the length of time off work is increasing (we have few employees in receipt of WCB but away for longer periods). These increases have resulted in an increase in our WCB premiums.

Action Plan: Continue to trend. NRHA needs to become more aggressive in Modified Work Plans for injured workers and early intervention. NRHA has approved the hiring of a Disability Manager/Workplace Safety & Health Officer with an anticipated hire date of February 2010. As well, NRHA has contracted with Change Innovators (as of December 1, 2009) for a review of our Ability Management Program and training for Human Resources, Managers and Unions. The team leader for Change Innovators was very successful with the Parkland RHA disability management strategy and this RHA realized a cost saving of \$500,000 in the first year and approximately \$250,000 in the second year.

Date: February 2010 **Scorecard** WORK LIFE
Board End: Healthy People **Area:**
AIM Dimension: Well-being **Reporter/** Human Resources
Source: HR Benchmarking Survey

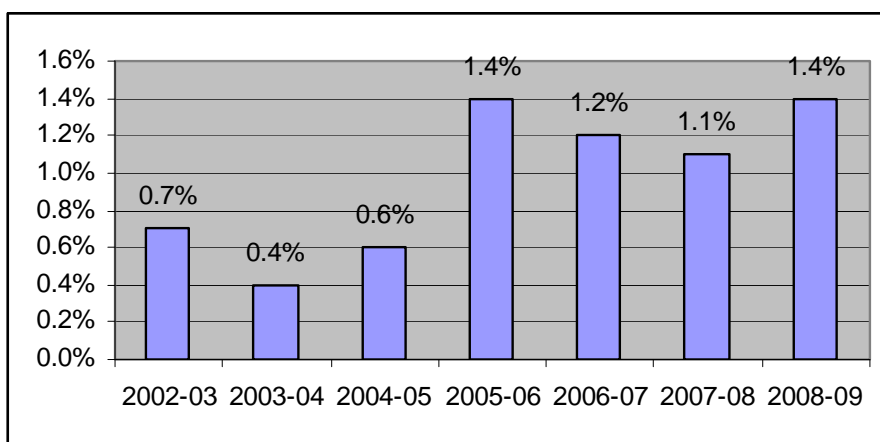
Reporting Period: April 1, 2008 to March 31, 2009

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

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

Evidence/ Interpretation: 2008- 09 = $\frac{14}{975} = 1.4\%$ modified work accommodations

Rating: **Warning**



MB Healthcare Sector = 2.6 %

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 but we continue to be lower than the MB health care sector average. Ability Management Program now in place.

Action Plan: Continue to trend. The hiring of a Disability Manager/Workplace Safety & Health Officer should see the number of accommodations increase. As well, the contract with Change Innovators will increase awareness of the organization in relation to the importance of early return to work. The Job Safety analysis (JSA) is used to determine physical/mental requirements for each position.

Date: February 2010 **Scorecard** WORK LIFE
Board End: Healthy People **Area:**
AIM Dimension: Well-being **Reporter/** Human Resources
Source: HR Benchmarking Survey

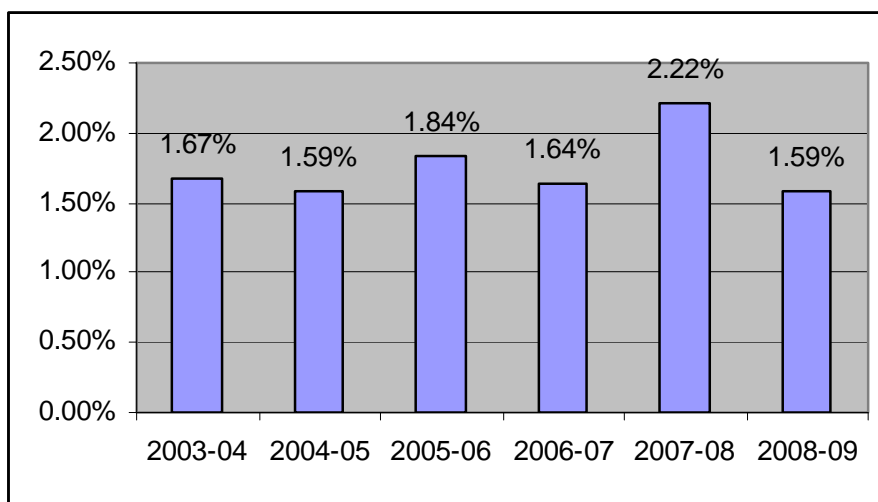
Reporting Period: April 1, 2008 to March 31, 2009

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

Definition: Total # of EAP Cases
Employee Count

Evidence/ Interpretation: 2008 - 09 = $\frac{13}{819}$ = 1.59%

Rating: **Good**



MB Healthcare Sector = 7.75%

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. Blue Cross/EAP has purchased and implemented "Telehealth." This will provide a more personal service to our employees and increase our ability to participate in education sessions.

Date: February 2010
Scorecard Area: WORK LIFE
Board End: Healthy People
Reporter/Source: Human Resources
AIM Dimension: Well-being
Source: HR Benchmarking Survey

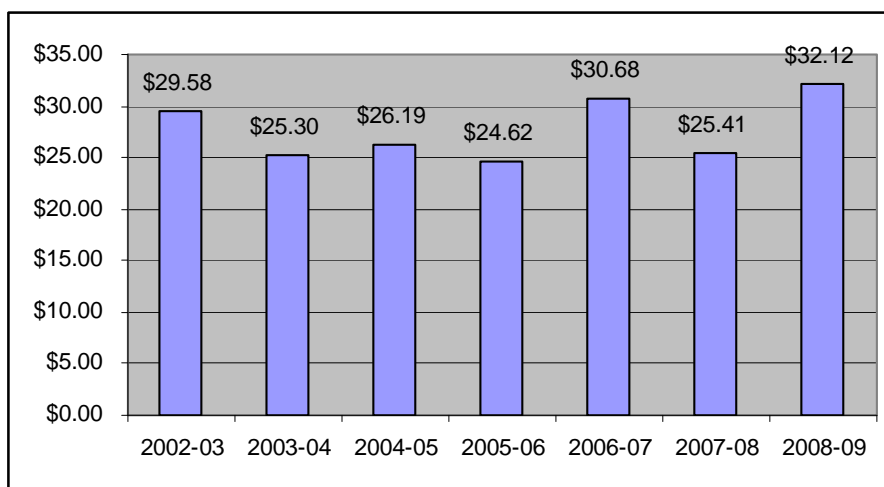
Reporting Period: April 1, 2008 to March 31, 2009

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

Definition: EAP Expense
Employee Count

Evidence/ Interpretation: 2008 - 09 = $\frac{\$26,302.83}{819} = \32.12

Rating: **Good**



MB Healthcare Sector Average = \$30.09

Action Plan: This is a provincial program and the rate is set by HEPP and we have no control of the rate. Note: The rate is higher than last reporting period as we have excluded the Home Care Attendants on this report as those costs are funded separately. See previous indicator.

Date: February 2010 **Scorecard** WORK LIFE
Board End: Healthy People **Area:**
AIM Dimension: Well-being **Reporter/** Human Resources
Source: HR Benchmarking Survey

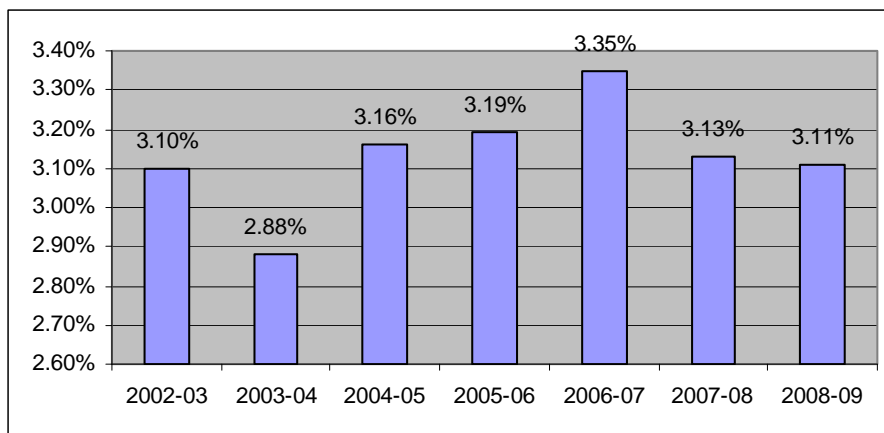
Reporting Period: April 1, 2008 to March 31, 2009

Indicator Name: Sick Pay Expense Indicator

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

Evidence/ Interpretation: 2008 - 09 = $\frac{\$1,173,453}{\$37,689,454.44} = 3.11\%$ of budget

Rating: **Warning**



Healthcare Sector Average = 3.3%

Sick Pay has remained fairly stable over the past four reporting periods and is consistent with the Manitoba healthcare sector average.

Action Plan: NRHA has implemented a new attendance management program call Attendance Support and Assistance Program (ASAP). Manager training sessions have been held and the program rolled out. The hiring of a Disability Management/Workplace Safety & Health Coordinator should see increased early return to work programs initiated.

Date: February 2010 **Scorecard** WORK LIFE
Board End: Healthy People **Area:**
AIM Dimension: Well-being **Reporter/** Human Resources
Source: HR Benchmarking Survey

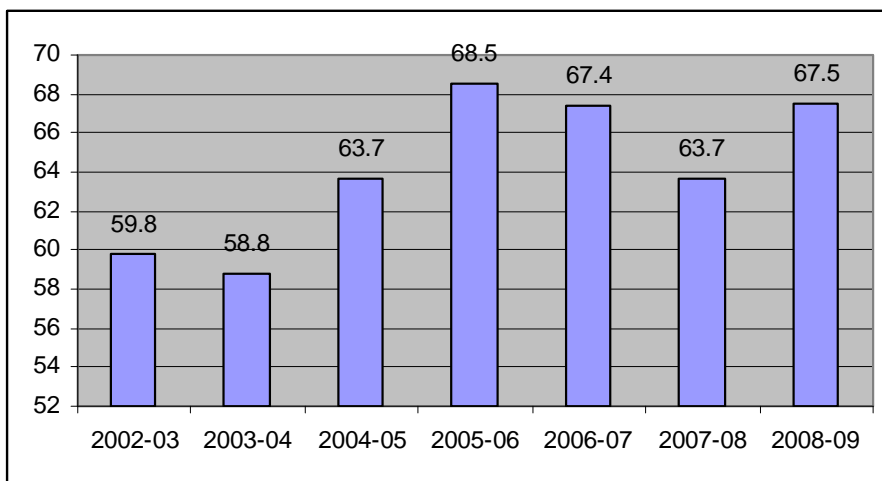
Reporting Period: April 1, 2008 to March 31, 20089

Indicator Name: Average Paid Sick Hours per Eligible Employee

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

Evidence/ Interpretation: 2008 - 09 = $\frac{47,250}{700} = 67.5$ sick hours/ eligible employee

Rating: **Warning**



MB Healthcare Sector Average = 58.8 hours

NRHA's average sick hours/employee is higher than the Healthcare Sector average. There was a slight increase in sick hours from the last scorecard from 63.7 to 67.5 hours per eligible employee.

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

Date: February 2010 **Scorecard Area:** WORK LIFE
Board End: Healthy People **Reporter/Source:** Human Resources
AIM Dimension: Well-being **Source:** HR Benchmarking Survey

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

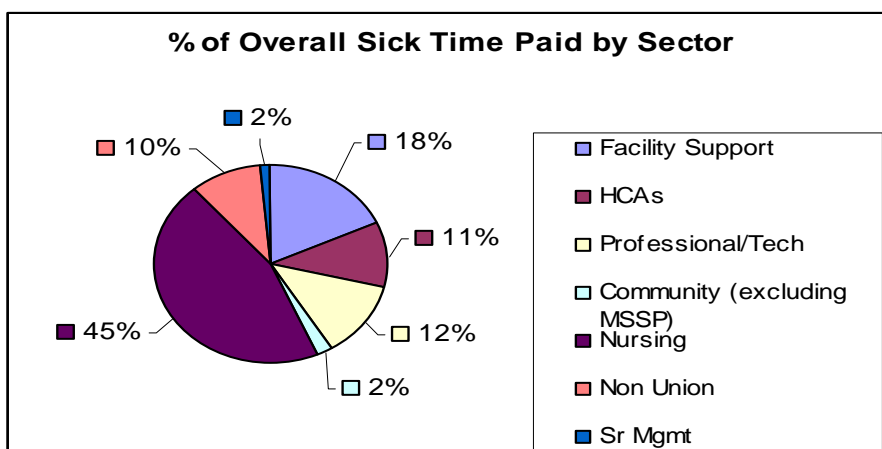
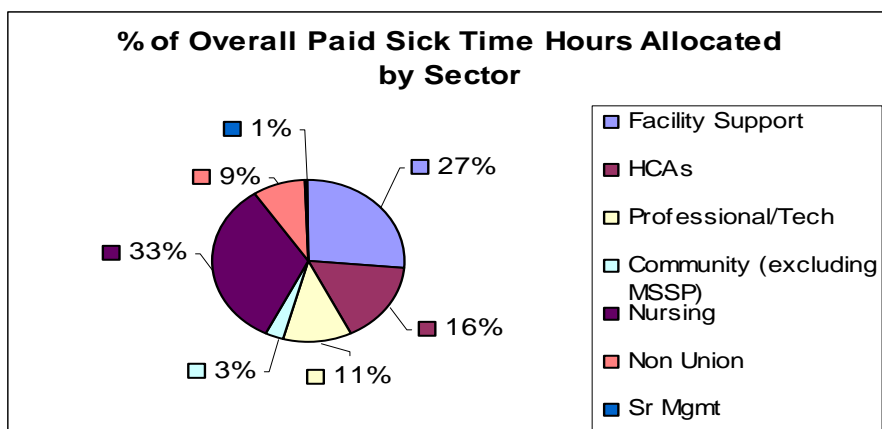
Indicator Name: Sick Time hours/ expensed by Sector Area

Definition: **% Overall Paid Sick Time Hours allocated by Sector**
Total Sick Hours by sector area
 Overall Total Sick Hours

% of Overall Sick Time expensed by Sector
Total Sick Time Paid by Sector
 Overall Sick Dollars Paid

Evidence/ Interpretation:

Rating: **Warning**



The total number of sick hours paid in 2008-09 was 47,250 hours. Of the total hours, the largest percentage was from Nursing at 33%, followed by Facility Support at 27%, Health Care Aides at 16% and Professional Technical at 11%.

The total sick time expensed was \$1,173,453. Of the total of sick time expensed, the largest was from Nursing at 45%, followed by Facility Support at 18%, Professional/ Technical at 12% and Health Care Aides at 11%.

Action Plan:

This is the first year this indicator has been collected. It is recommended that this indicator continue to be collected for trending purposes.

In addition, it is recommended that the HR CQI Team begin to examine more in-depth indicators to examine sick hours and sick time paid out for the high sector areas including Nursing, Facility Support, Health Care Aides and Professional Technical.

See previous indicator for Action Plan.

| | | | |
|-----------------------|----------------|------------------|------------------------|
| Date: | February 2010 | Scorecard | WORK LIFE |
| Board End: | Healthy People | Area: | |
| AIM Dimension: | Well-being | Reporter/ | Human Resources |
| | | Source: | HR Benchmarking Survey |

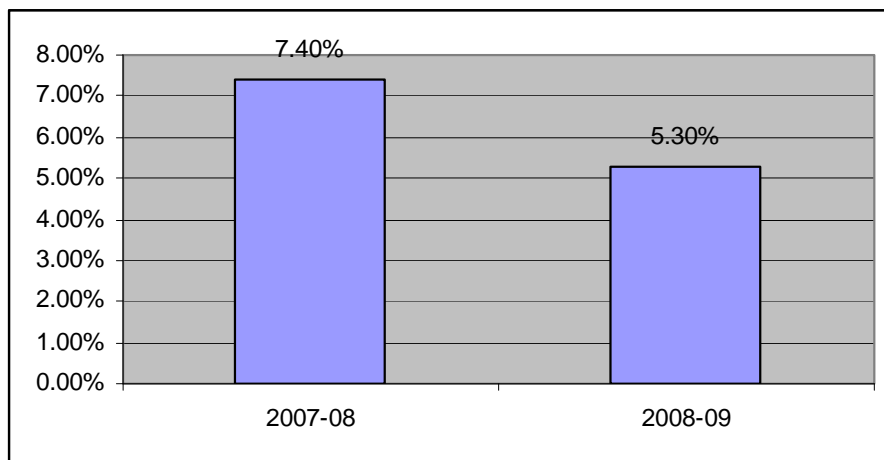
Reporting Period: April 1, 2008 to March 31, 2009

Indicator Name: Overtime Premium hours

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

Evidence/ Interpretation:
$$2008-09 = \frac{68,955}{1,307,138} = 5.3\%$$

Rating: **Warning**



MB Healthcare Sector Average = 3%

This indicator has decreased from last reporting period from 7.4% to 5.3%.

Action Plan: Vacancy rates and employee absences from work are huge drivers of this indicator. Anticipate with the hiring of the new graduate nurses in June this will alleviate much of the staff shortages. In addition, as a temporary measure, additional float Nurse positions have been created in attempt to assist in the recruitment of local new nurse grads. Attendance Support and Assistance Program implemented.

Date: February 2010 **Scorecard Area:** WORK LIFE
Board End: Healthy People **Reporter/Source:** Human Resources
AIM Dimension: Well-being **Source:** HR Benchmarking Survey

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

Indicator Name: Overtime Premium hours/ expensed by Sector Area

Definition: % Overall Overtime Hours allocated by Sector

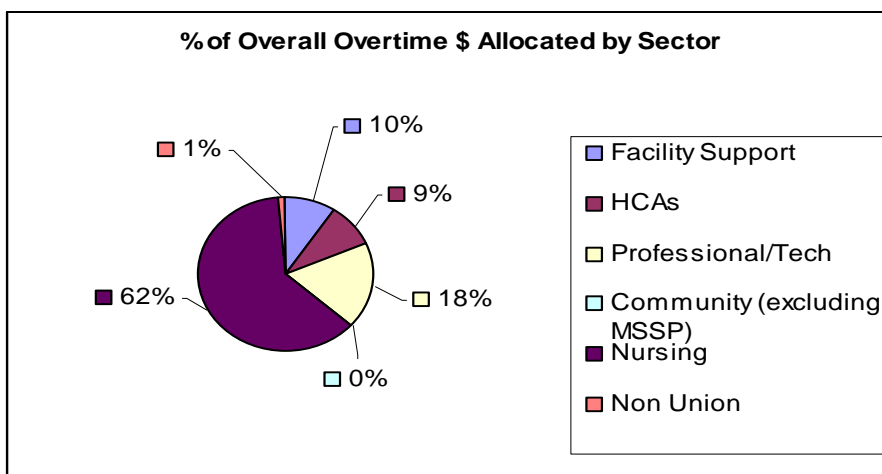
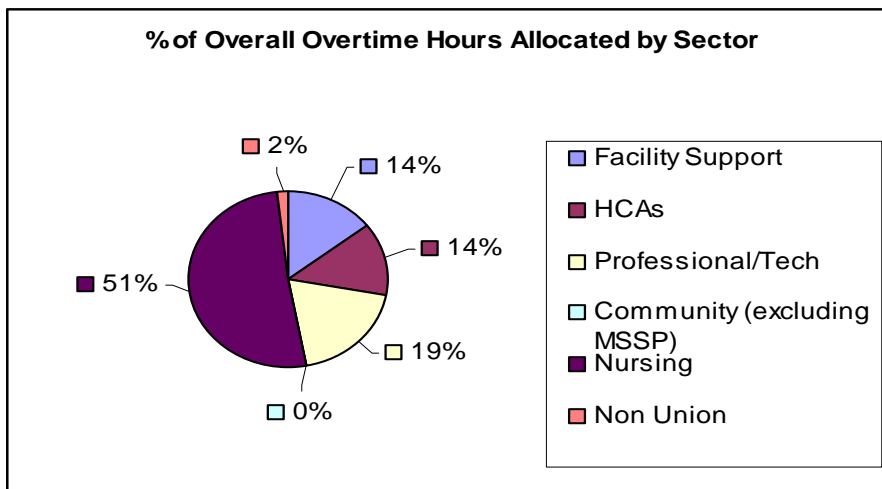
$$\frac{\text{Total Overtime Hours by sector area}}{\text{Overall Total Overtime Hours}}$$

% of Overall Overtime expensed by Sector

$$\frac{\text{Total Sick Time Paid by Sector}}{\text{Overall Overtime expensed Paid}}$$

Evidence/ Interpretation:

Rating: **Warning**



There were 68,955 overtime hours worked in 2008-09. Nursing had the highest premium overtime hours at 51%, followed by Professional/ Technical at 19%, Facility Support at 14% and Health Care Aides at 14%.

There was \$2,491,000 expensed in overtime in 2008-09. The largest premium overtime expensed was to Nursing at 62%, followed by Professional Technical at 18%, Facility Support at 10% and Health care Aides at 9%.

Action Plan:

This is the first year this indicator has been collected. It is recommended that this indicator continue to be collected for trending purposes.

In addition, it is recommended that the HR CQI Team begin to examine more in-depth indicators to examine overtime hours and overtime paid out for the high sector areas including Nursing, Facility Support, Health Care Aides and Professional Technical.

See previous indicator for Action Plan.

Date: February 2010 **Scorecard** WORK LIFE
Board End: Healthy People **Area:**
AIM Dimension: Open Communication **Reporter/** Human Resources
Source: HR Benchmarking Survey

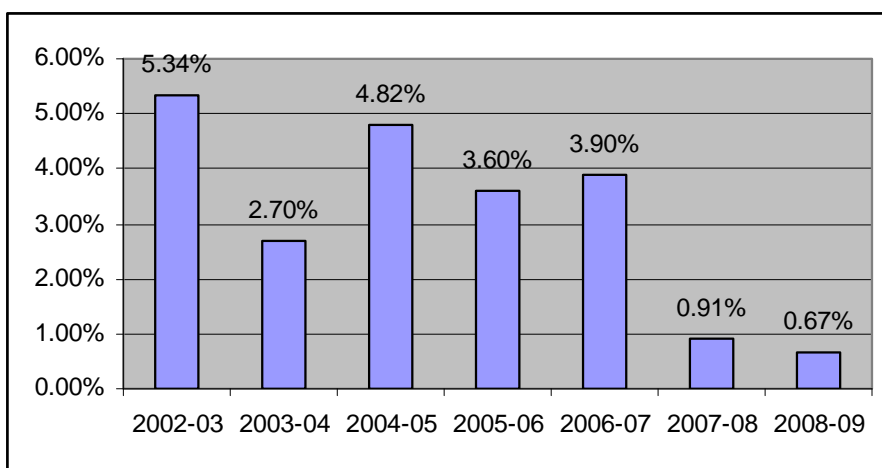
Reporting Period: April 1, 2008 to March 31, 2009

Indicator Name: Overall (First Step) Grievances Rate

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

Evidence/ **2008 - 09 = $\frac{6}{975}$ = 0.67% first step grievances**
Interpretation: **975**

Rating: Optimal



MB Healthcare Sector Average = 1.55%

This indicator counts all grievances received in the organization. We have seen a slight decrease from the last reporting period and are now substantially lower than the MB healthcare sector average.

Action Plan: Will continue to trend and work in collaboration with our Unions to resolve issues as they arise.

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

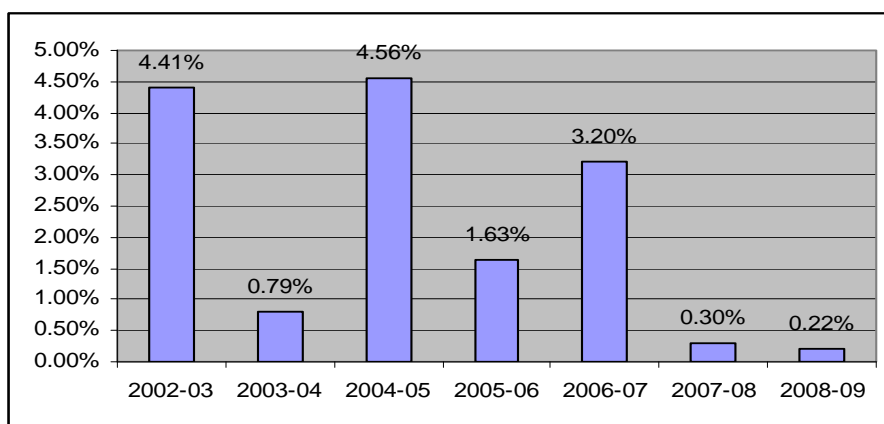
Reporting Period: April 1, 2008 to March 31, 2009

Indicator Name: “Final Step” Grievance Rate

Definition: # “final step” grievances
union employee count

Evidence/ Interpretation: 2008 - 09 $\frac{2}{975} = 0.22\%$ final step grievance rate

Rating: Optimal



MB Healthcare Sector Average = 0.39%

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. In the past two reporting periods, we continue to be below the MB Healthcare sector average. In the past reporting period, NRHA had 2 grievances proceed to the arbitration stage: both grievances were cost-shared because of the provincial implications.

Action Plan: Will continue to trend and work in collaboration with our Unions to resolve issues as they arise.

| | | | |
|-----------------------|----------------------------------|-------------------------|----------------------|
| Date: | February 2010 | Scorecard Area: | WORK LIFE |
| Board End: | Healthy People | Reporter/Source: | Accreditation Canada |
| AIM Dimension: | Participation in Decision making | | Work Life Pulse |

Reporting Period: Status Update from Fall 2007 Survey

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: The HR CQI Team has identified 3 major themes in the survey results:

1. Communications
2. Leadership
3. Healthy Workplace

Communications: Focus group discussions held with employees on January 26 and February 5, 2009. A number of initiatives have either been implemented or are underway including:

- Re-active All Staff Meetings
- Re-development of Staff Education Calendar
- Email Notice of New Hires
- Access to Email Off-Site
- Groupwise Directory Updated/How to Guides in progress
- Recommendation for NRHA IntraNet.

Leadership: Focus group discussions held with employees on January 26 and February 5, 2009 (jointly held with communications). A number of initiatives have either been implemented or are underway including:

- New Manager Orientation Program
- Regular documented Staff Meetings
- Review Employee Suggestion Program/Boxes
- Job Description Project
- Promote Staff Education Evaluation Form
- Audits on training programs
- Leadership Development Program (increase management training).

Healthy Workplace: This is a standing agenda item for the HR CQI team. A number of initiatives are currently in place and we continue to develop this area. NRHA offers to employees:

- Immunization program
- Smoking cessation
- Health clinic
- Active Workplace Safety & Health committees
- Ability Management
- Employee Assistance Program
- Healthy Eating choices
- Social events (Staff Recognition, Golf, Fall Fun Daze, BBQs, Children's Christmas Party).
- Staff Gym (Flin Flon) and Wellness Centre (The Pas)

Date: February 2010 **Scorecard Area:** WORK LIFE
Board End: Healthy People **Reporter/Source:** Human Resources
AIM Dimension: Role Clarity **Source:** Human Resources CQI

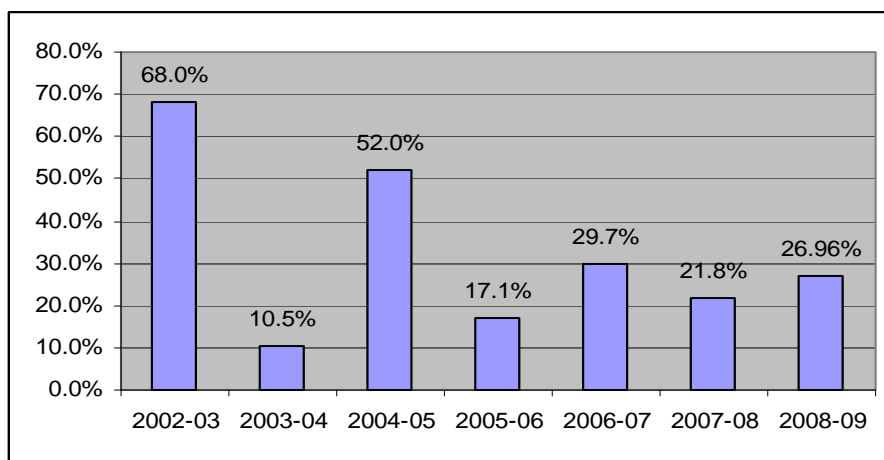
Reporting Period: April 1, 2008 to March 31, 2009

Indicator Name: Performance Appraisal Rate

Definition: # of staff with current evaluation
Employee Count

Evidence/ Interpretation: 2008 - 09 = $\frac{186}{690} = 26.96\%$

Rating: **Trouble**



Performance Appraisal compliance rates has increased slightly 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.

Date: February 2010 **Scorecard** WORK LIFE
Board End: Healthy People **Area:**
AIM Dimension: Role Clarity **Reporter/** Human Resources
Source: Human Resources CQI

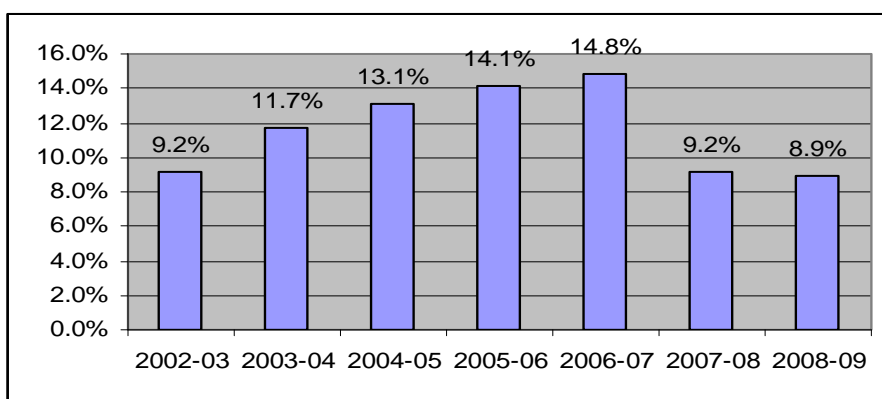
Reporting Period: April 1, 2008 to March 31, 2009

Indicator Name: Turnover Rate

Definition: # of separations
Employee Count

Evidence/ **2008 - 09 = $\frac{87}{975}$ = 8.9%**
Interpretation:

Rating: **Warning**



MB Healthcare Sector Average = 6.9%

NRHA achieved a slight decrease in turnover this past year but is now higher than the MB healthcare average. Of note, of the # of separations in 2008-09, this included 8 retirements.

Action Plan: Continue to monitor indicator. In addition, the number and percentage of retirements included in the turnover rate will also be reported. 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
- Workplace, Safety and Health
- Employee Wellness
- Ability Management
- Social Activities
- Staff Education
- 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. FISH Philosophy for Health Care Workers (Fish Tales -- Vital Signs) currently under review.

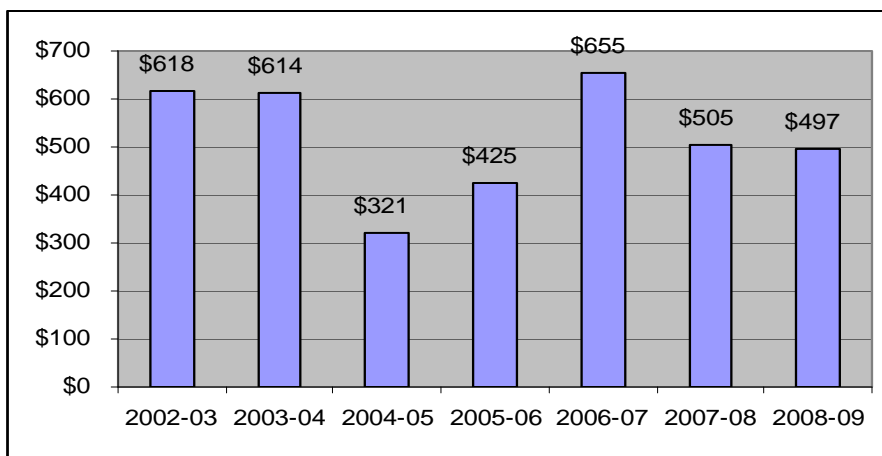
Date: February 2010 **Scorecard** WORK LIFE
Board End: Healthy People **Area:**
AIM Dimension: Role Clarity **Reporter/** Human Resources CQI
Source:
Reporting Period: April 1, 2008 to March 31, 2009

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

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

Evidence/ 2008 - 09 = \$95,473 = \$497.26
Interpretation: 192

Rating: **Warning**



MB Healthcare Sector Average = \$223.85

Although recruitment costs remained relatively the same as last reporting period, 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 and continue to promote student sponsorships/return of work commitments. Recruitment/promotional materials have been revised. The Representative Workforce Circle continues to work with education and employment and training to bring training to the north. Paramedic Training is again being offered in The Pas at the NRHA EMS station.