



# NOR-MAN Regional Health Authority

## Overview of the NOR-MAN Regional Health Authority

Health Care Access of Northern  
Residents: MB/SK Workshop

April 2008

# About NOR-MAN RHA

- Established in April 1997 (Bill 49 - The RHA and Consequential Amendments)
- Governed by a Board of Directors appointed by the Minister of Health
- Accredited organization by the Canadian Council for Health Services Accreditation - April 2002 and May 2005

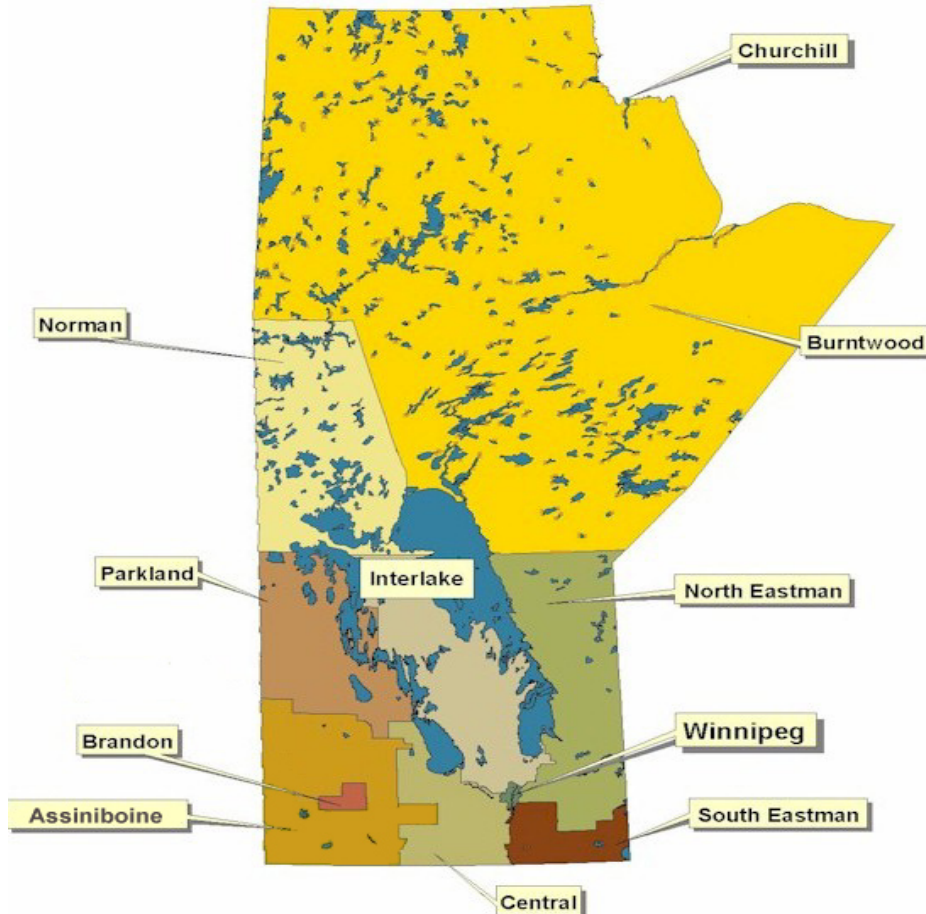




# About NOR-MAN RHA

- 1 of 11 RHA's in Manitoba
- Our Mission is **“Healthy People in Healthy Communities – Working Together to Improve our Health.”**
- NRHA provides 11 core services in 3 Acute Care Facilities, 3 PCH, 2 Primary Health Care Centres, 2 NRHA Nursing Stations and 1 Community Wellness Centres
- Do not have jurisdiction to provide all health care services in all communities. Strong partnerships critical to ensure services are provided in a coordinated & seamless fashion.

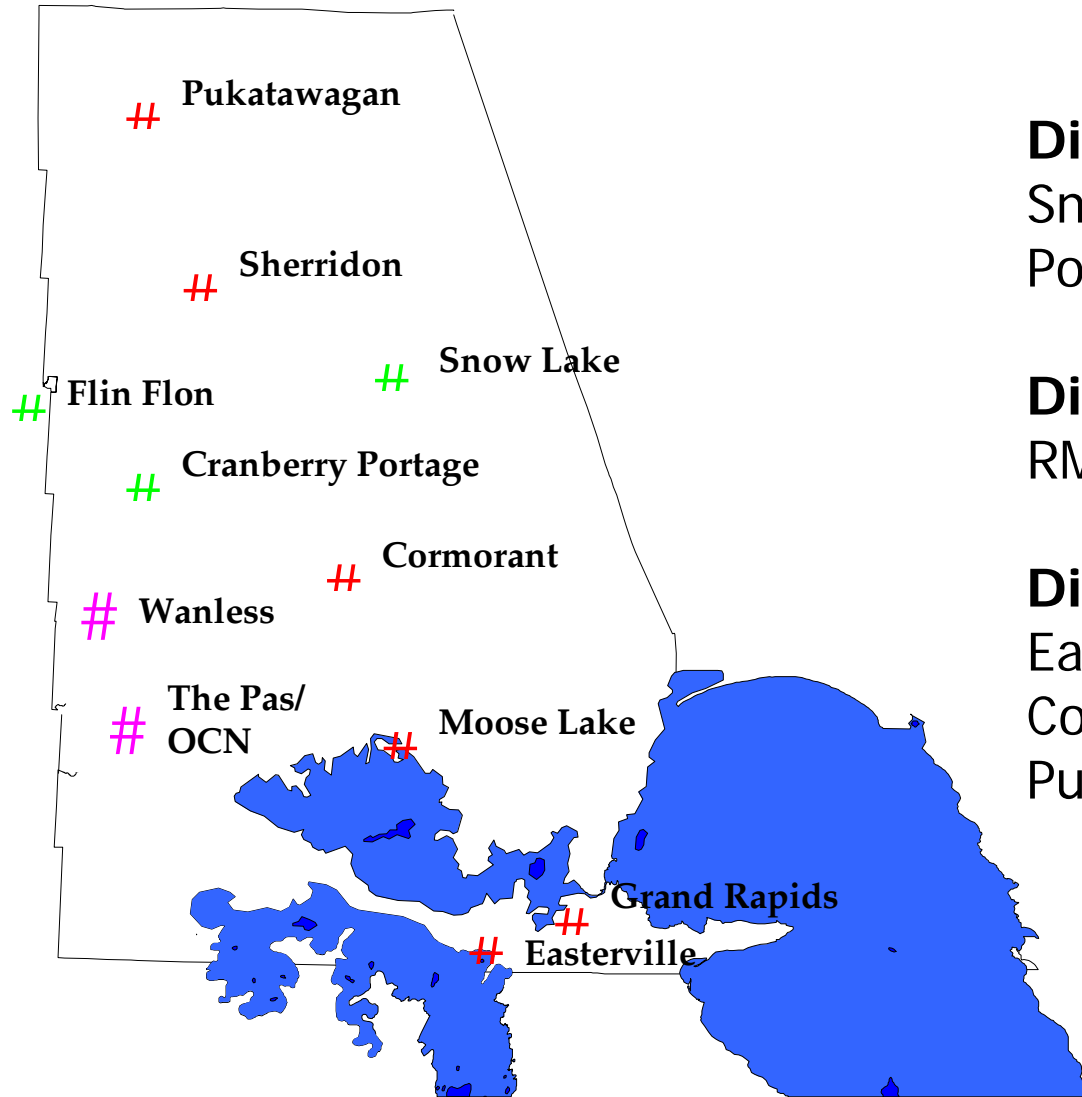
# Regional Health Authorities of Manitoba



NRHA is 1 of 11 RHA's:

1. Winnipeg
2. Central
3. North Eastman
4. South Eastman
5. Brandon
6. Assiniboine
7. Interlake
8. Parkland
9. **NOR-MAN**
10. Burntwood
11. Churchill

# NOR-MAN Communities



**District 1** = Flin Flon,  
Snow Lake & Cranberry  
Portage

**District 2** = The Pas, OCN,  
RM of Kelsey

**District 3** = Grand Rapids,  
Easterville, Moose Lake,  
Cormorant, Sherridon,  
Pukatawagan, Unorganized

# Who are the people?

- **24,209 people live in NOR-MAN**
  - Home to 2.04 % of Manitobans
  - 50% female; 50% male
  - 53 % under age of 35 (MB= 46%)
  - 9.0% are 65 years+ (MB=14.0%)

Based on Manitoba Health Population Data - June 1, 2007

- 46% of NOR-MAN residents have claimed Aboriginal Identify (MB = 14%) / based on 2001 Canadian Census Data

# Who are the people?

- Remoteness & # of widely scattered communities impacts our access to services.
- Lower education levels than other MBs. (higher % of residents with less than high school or only a high school diploma)
- Double than unemployment rate (12.1%)
- High dependence on government transfer payments
  - Higher dependence rates in outlying communities
- Higher median household income than MB

# Common Themes

- The need to improve access to services.
- The need to enhance awareness of regional & community NRHA services & programs.
- The need to improve service integration.
- The need to better coordinate services in the community.
- The need to continue to strengthen primary prevention activities.





# Common Themes

- The need to continue to build individual & community capacity for improving health.
- The need to work in partnership.
- The need to communicate and consult with our communities.
- The need for including traditional healing practices.



# Service Sites

## **Acute Care/ER/ Diagnostic**

- The Pas Health Complex
- Flin Flon General Hospital
- Snow Lake Health Centre

## **Long Term Care:**

- St. Paul's Residence
- Northern Lights Manor
- Flin Flon PCH
- Snow Lake PCH

## **Addictions:**

- Rosaire House

## **Primary Health Care Services:**

- The Pas
- Flin Flon
- Snow Lake
- Cranberry Portage Health Centre
- Cormorant Nursing Station
- Sherridon/Cold Lake Nursing Station

# Scope of Services Provided

Mandated to provide core services:

1. Health Promotion/  
Education
  2. Health Protection
  3. Prevention & Community  
Health
  4. Treatment, Emergency &  
Diagnostics
  5. Developmental &  
Rehabilitation Services
  6. Home-based Care
  7. Long Term Care
  8. Mental Health
  9. Substance  
Abuse/Addictions
  10. Palliative Care
- We added:**
- 11. Physician Services**

# CT Machine

- New CT Machine opened in October 2003.
- CT is the top Diagnostic reason why NRHA residents travel out.
- Improve timely access to Diagnostic Imaging procedures in the region and ↓ NPTP costs.



# Telehealth

MB Telehealth program services:

- Clinical
- Education
- Administration

Telehealth Sites

- The Pas - 2 units
- Flin Flon – 2 units
- Snow Lake – 1 unit



Telehealth usage continues to grow yearly.

# Addictions

- **Rosaire House**
  - Only RHA operated Addiction Centre
  - 20 bed residential program (28 day)
  - Day and modified program options
  - Aftercare programming
  - Co-Occurring Disorders Initiative



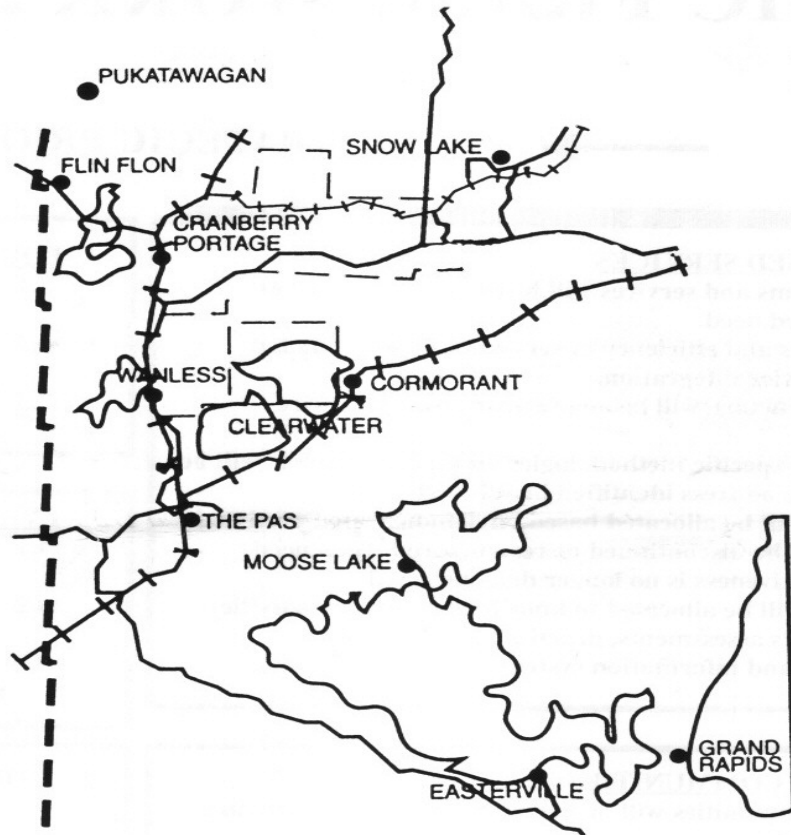
**ROSAIRE HOUSE**

# Primary Health Care Centres

- Primary Health Care Centres
  - The Pas – all services under 1 roof
  - Flin Flon – all services in 2 facilities
    - Infant/Child
    - Youth/Women's
    - Men's
    - Senior's



# Itinerate Community-based Services

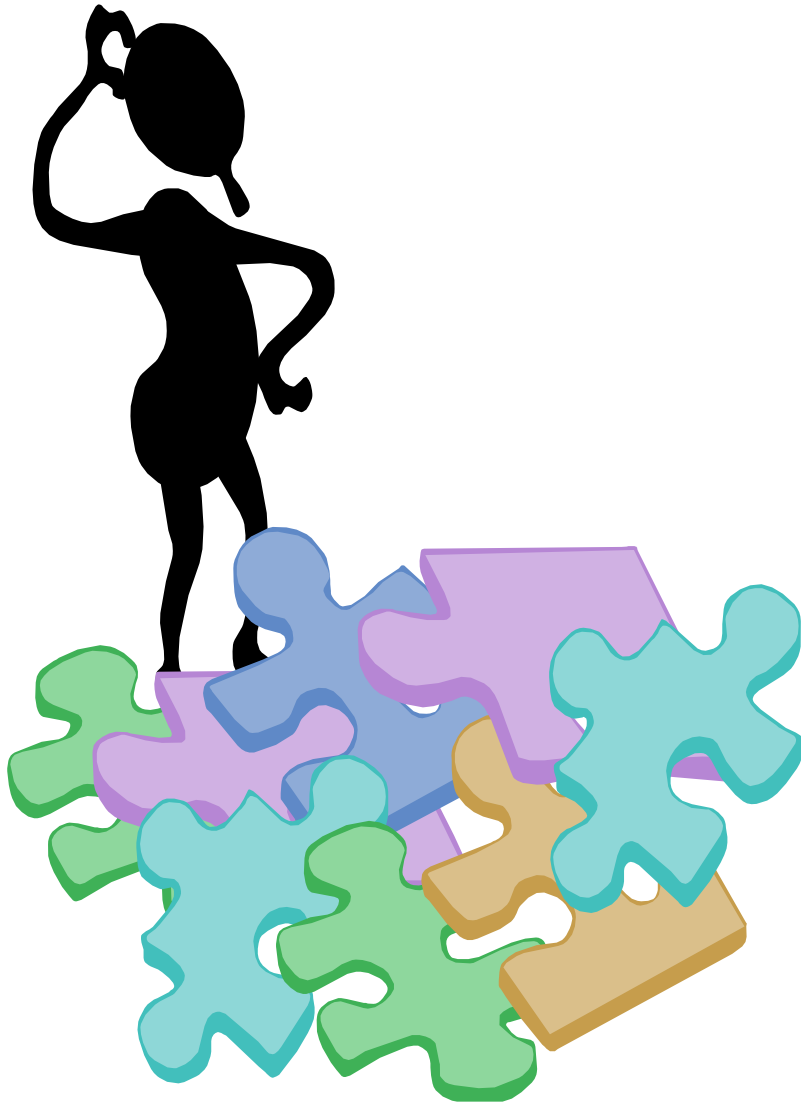


## Communities

- Grand Rapids/ Gr Rapids FN
- Easterville/ Chemawawin FN
- The Pas/ OCN/ RM of Kelsey
- Moose Lake/ Mosakahikan FN
- Cormorant
- Cranberry Portage
- Snow Lake
- Sherridon/ Cold Lake
- Flin Flon
- Pukatawagan/ Mathias Colomb FN

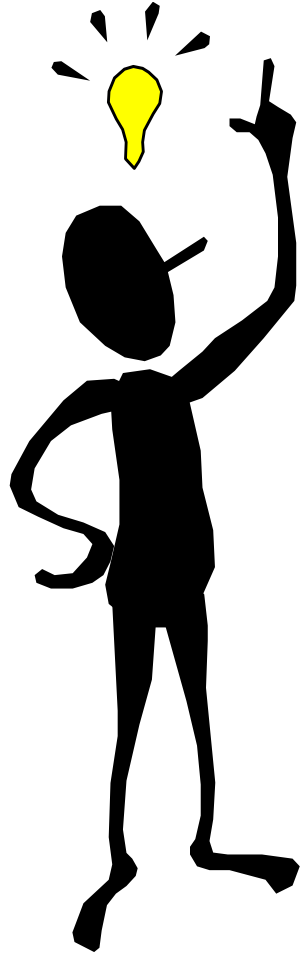


# Challenges



- **Service Provision Challenges** - So... How do we shift resources to prevention?
- **Jurisdictional Challenges** - need to have strong partnerships
- **Capital Challenges** - aging facilities and no new capital funding
- **Human Resource Challenges** - recruitment and retention of quality staff and physicians

# Mission



“Healthy People  
in  
Healthy Communities”

Working Together to  
Improve our Health

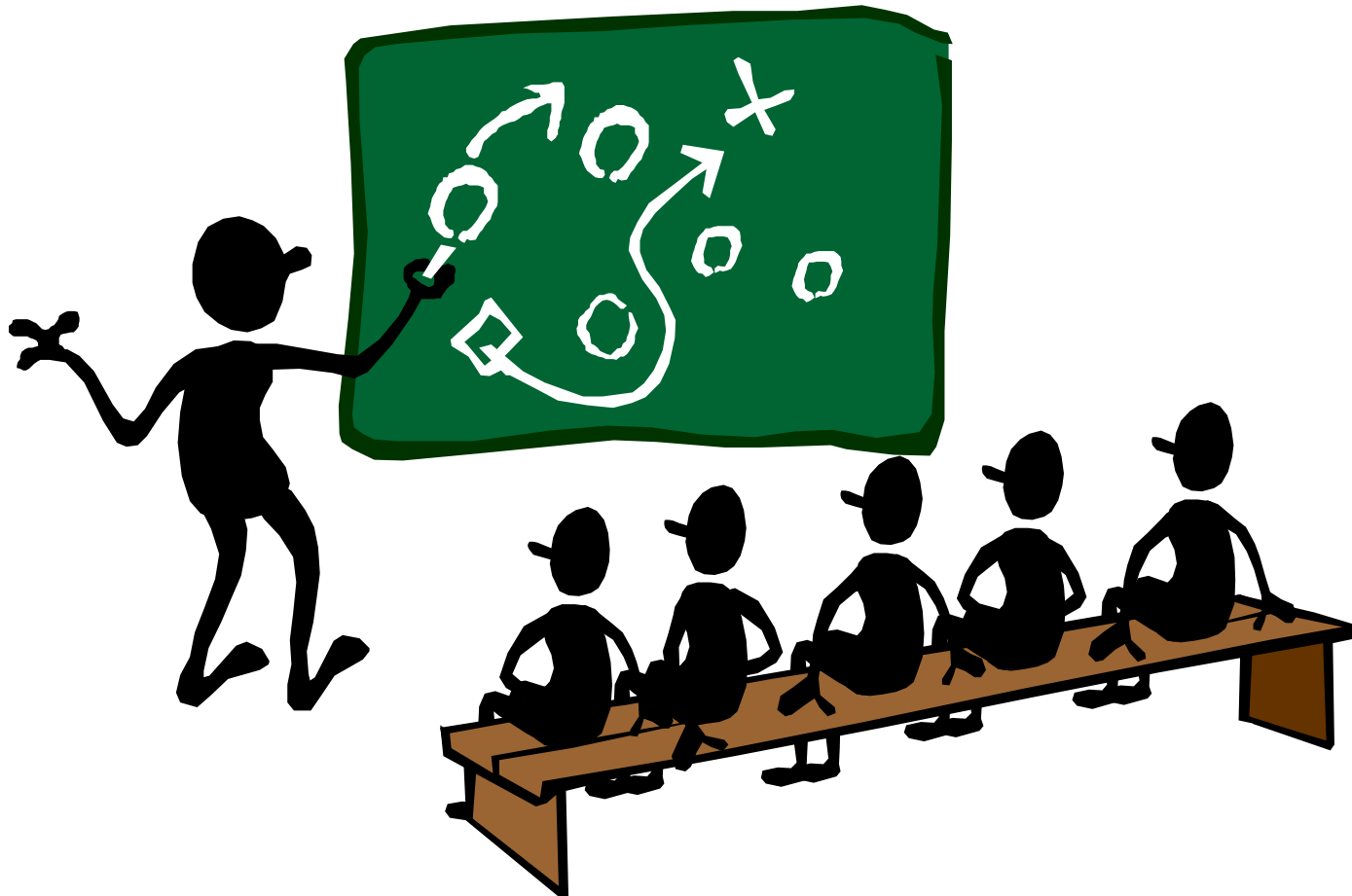
New Mission Approved March 2002

# Board Ends

- Healthy Communities
- Healthy People
- Optimal Access to Services
- Excellence in Patient Safety & Quality of Care

Revised March 2005

# Questions?



# Healthy Communities

## Strategic Priorities:

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

# Healthy People

## Strategic Priorities:

1. Decreased incidence & prevalence of chronic illnesses.
2. Increased awareness of Mental Health and Co-Occurring Disorders and expand services accordingly.
3. Reduced incidence of suicides.
4. Decreased incidence & prevalence of addictive practices & behaviors.
5. Improved infant/child health & promotion of healthy lifestyles.
6. Reduced incidence of injuries and poisonings.
7. Improved youth/women's health & promotion of healthy lifestyles.
8. Improved men's health & promotion of healthy lifestyles.
9. Improved senior's health & promotion of healthy lifestyles.
10. Improved Aboriginal health & promotion of healthy lifestyles.
11. Improved staff health & promotion of healthy lifestyles.

# Optimal Access to Services

## Strategic Priorities:

1. Increased on-site resources in our outlying communities.
2. Improved access to service through primary health care.
3. Improved knowledge of Primary Health Care.
4. Increased specialty services and programs based on demonstrated need and cost effectiveness.
5. Maintain & Improve our infrastructure.
6. Increase use of technology.
7. Increase awareness of NPTP
8. Reduce jurisdictional barriers to improve access to services

# Excellence in Patient Safety & Quality of Care

## Strategic Priorities:

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



# Values

## (draft March 2005)

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

# Painting our Picture Health Status



- ☹️ **Our health status is poorer**
- ☹️ **We die earlier**
- ☹️ **Higher rates of chronic diseases relating to unhealthy lifestyle choices:**
  - ☹️ **More females smoke**
  - ☹️ **More likely to be exposed to second hand smoke**
  - ☹️ **Drink more heavily**
  - ☹️ **More likely to be overweight**

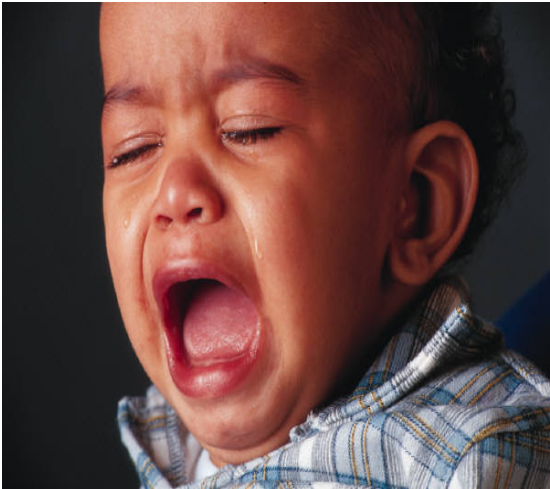
# Painting our Picture Injuries

- ☹️ **We are more likely to get injured, be hospitalized and die from an injury**
- ☹️ **Injury Mortality Rates** - Males over double the MB rate
- ☹️ **Leading Causes of Injury deaths:** Motor Vehicle Traffic Injuries, Suicides, Drowning & Submersion, Fire & Burns, Falls
- ☹️ **Injuries are No Accident ER visits:** Falls, struck by or collision with an object, cutting and piercing, motor vehicle incidents, struck by or collision with a Person



# Painting our Picture

## Other Issues



- ☹️ Teenage pregnancy rates almost 2 X higher
- ☹️ High birth weights a concern
- ☹️ Second highest STD rates
- ☹️ Stress & Mental Health identified as concern

# Painting our Picture

## Physicians



- 92% of physician visits take place within the region
- Over 90% of all ambulatory visits are made to family physicians
- Ambulatory consult rates are statistically lower than the provincial rate.
- Specialist visit rate within our region have increased

# Challenges Service Provision

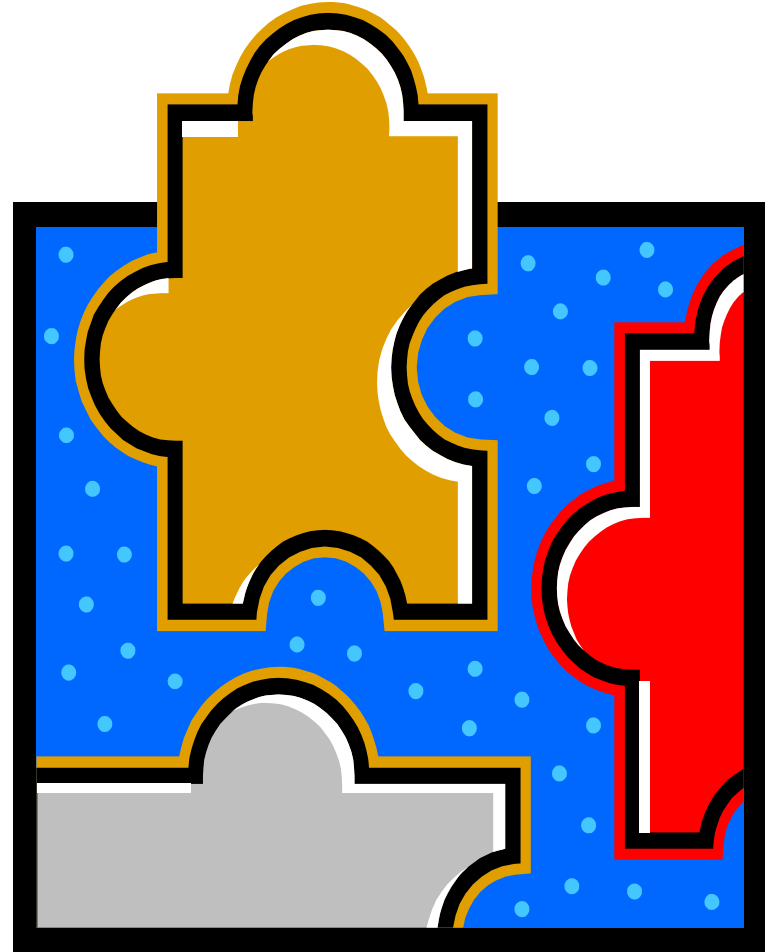
- Traditionally, the focus nationally has been on:
  - Illness rather than health
  - Hospitals and physicians as the first access point into the system
  - Curing vs. preventing.
- Majority of health care resources spent on illness care
- No new resources but we can't cut hospital bed, services, staff



# Challenges

## Jurisdictional Issues

- Many agencies providing health services to residents of region:
  - MB Health
  - Sask Health
  - First Nations – SCTC & PBCN
  - AFM
- Partnerships are key!!



# Challenges

## Capital Issues



- Facilities nearing the end of their useful lifespan.
- Major Capital development required in both sites.
- Approval for \$ for new facilities not hopeful for many years.
- Major renovations and code requirements ongoing.
- Space an issue.



# Challenges

## Human Resources

- Recruitment & retention of qualified staff & physicians continues to be the # 1 challenge for the NRHA.



# St. Anthony's (39 beds)

- Medical/Surgical/Pediatric (20)
- Psychiatric (8)
- OBS (8)/ Newborn (8)
- ER/SCU (3)
- Surgery (6 day surgery beds)
- Dialysis
- OPD Clinics
- Dialysis/ Chemotherapy
- Diagnostic Imaging/ Lab
- Pharmacy
- Rehabilitation Services
- Infection Control/ Staff Health
- Social Services



## Major Capital Plans:

Medical Gas Upgrade  
New Nurse Call System

# Flin Flon General Hospital (44 beds)

- Medical (19)
- Surgical (8)
- Pediatric (9)
- OBS (6)/ Newborn (6)
- ER/SCU (2)
- Surgery (8 day surgery beds)
- Dialysis
- OPD Clinics
- Dialysis/ Chemotherapy
- Diagnostic Imaging/ Lab
- Pharmacy
- Rehabilitation Services
- Infection Control/ Staff Health
- Social Services



**Major Capital Plans:**  
Pharmacy Redevelopment  
Admission Department  
Renovations  
Ultrasound Renovations

# Snow Lake Health Centre (6 beds)

## Snow Lake Health Centre (6 Beds)

- Inpatient (2)
- PCH (4)
- ER
- Lab/ X-ray Unit
- Physician Clinic
- Pharmacy
- Public Health
- Home care
- Itinerant Clinics

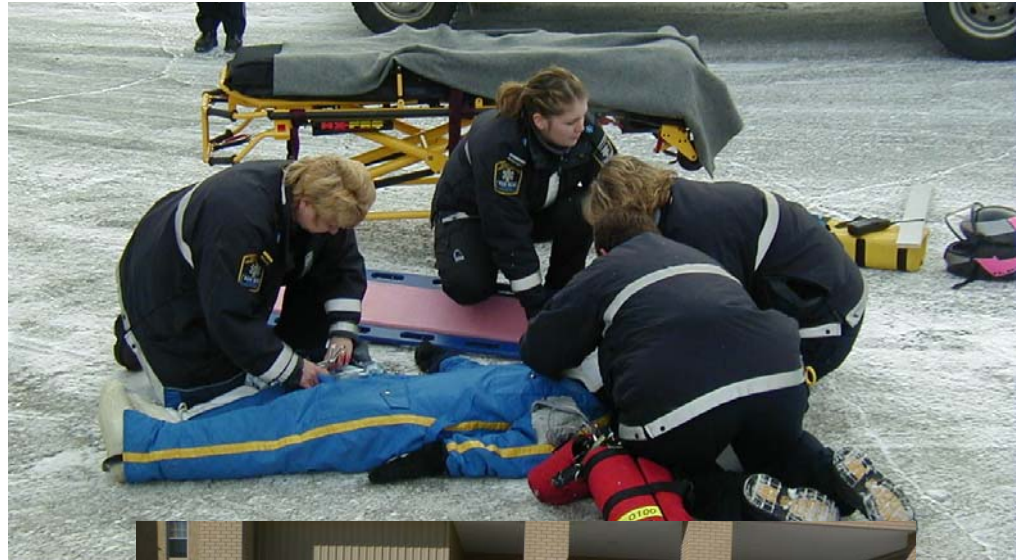


### Major Capital Plans:

New Morgue  
X-Ray Department  
Renovations

# Emergency Medical Services

- The Pas
- Flin Flon
- Cranberry Portage
- Grand Rapids
- Volunteer services in all other communities



# Long Term Care Services

- **St. Paul's Residence**
  - Level III/IV facility
  - 60 beds + 1 respite bed
- **Northern Lights Manor**
  - Level III/IV facility
  - 36 beds + 1 Respite Bed
- **Flin Flon PCH**
  - Level III/IV facility
  - 60 beds
- **Snow Lake**
  - 4 beds



**NORTHERN LIGHTS MANOR**



**ST. PAUL'S PCH**