



NINTH ANNUAL REPORT TO THE COMMUNITY

Held in the Churchill RHA Inc. Telehealth Room
Churchill, Manitoba
16 September 2005 at 12:00 p.m.

PRESENT:

R. Penwarden, Board Chair
D. Macri, Vice Chair
V. Flett Secretary Treasurer
J. Massan, Board Member
P. Kabloona, Board Member
B. Tattuinee, Board Member

ALSO PRESENT:

M. Lessing-Turner, Chief Executive Officer
D. Pomietlarz, COO Finance
D. Martens COO Clinical Services
K. Grant, COO Social Services & Planning

SPECIAL GUESTS:

The Honourable Mayor Michael Spence
Reverend David Caskey
Reverend Hannah Bazlik
Mark Verwey, BDO Dunwoody
Susan Rogers, Rogers Leadership Consulting

REGRETS:

S. Kernaghan, Board Member
V. Brew, Director Human Resources
Dr. W. Smith

RECORDER:

K. McGregor, Executive Assistant

1. CALL TO ORDER

R. Penwarden announced that D. Macri would chair the meeting, as he was not feeling well.

D. Macri called the Ninth Annual General Meeting to order at 12:12 p.m. and asked Reverend Hannah Bazlik to open the meeting with a prayer.

2. OPENING PRAYER

Reverend Hannah Bazlik offered the opening prayer

3. WELCOME & INTRODUCTIONS

D. Macri introduced the Board Members, Management Team and Special Guests.

4. GREETINGS - TOWN OF CHURCHILL

The Honourable Mayor Michael Spence presented greetings from the Town of Churchill. He recognized the challenges of providing health services in the north and commended the CRHA Board and Executive who do their utmost to provide services to Churchill and our northern communities.

He thanked the Chairman of the Board for allowing members of the Town Council to be a part of the Churchill Health Centre Task Force. He mentioned that he had the opportunity to meet the Minister of Health, who indicated that Churchill is high on the priority list.

He closed by saying that as a community we are blessed to have such a facility and that Town Council would be happy to provide any support necessary.

5. READING OF NOTICE OF MEETING

D. Macri stated that in compliance with the Regional Health Authorities Act, the Churchill Regional Health Authority posted notice of its Annual Report to the Community on August 24, 2005. Therefore she declared the meeting duly constituted.

6. CHAIRMAN'S MESSAGE

D. Macri acknowledged the Minister of Health Honorable Tim Sales, The Honorable Eric Robinson and retired and residing Board Members. She reported that for the end of the fiscal year 2004-2005 we completed the year with a surplus of \$245,094.00 while continuing to offer a full range of services and maintaining a full compliment of staff. The CRHA Board has operated through a governance model again this year. The CRHA Board and Staff have completed a full review and documentation for the CCHSA accreditation survey. She added that a strategic planning process was completed and submitted to the Manitoba Government, Manitoba Health, Town of Churchill, Nunavut and other stakeholders to position Churchill Health Centre to meet the future needs of our Nunavut and Churchill clients. We have continued to work closely with the Mayor and Council and the members of the Chamber of Commerce and have continued our positive working relationships with MNU, MGEU, NMU and University of Manitoba.

7. AUDITOR'S REPORT

Mark Verwey reported on the audited statement of the financial position for the Churchill RHA as at March 31, 2005. He reviewed the net worth accumulation analysis and assets and liabilities. He concluded by thanking the Board for their support and D. Pomietlarz and B. Sigurdson for their support during the Audit.

8. ANNUAL REPORT/HEALTH PLAN SUMMARY

M. Lessing-Turner welcomed everyone to the ninth annual report to the community. She reported that the CRHA received a full 3-year accreditation, which is the maximum awarded by the CCHSA. She stated that the Authority's Board, management, staff and physicians are to be congratulated on the excellent work they have done over the past year to achieve the Board ENDS and their commitments to Manitoba Health.

The outcomes have been noteworthy:

- Percentage of readmission rates for respiratory disease decreased from 2.8% to 1.7%.
- A statistical collation system was implemented in the Community Service areas to monitor utilization data.
- A pilot for after hours appointments was implemented within the mental wellness program to facilitate client needs.
- 45% of staff completed exit interviews.
- Each staff attended an average of 1.7 educational sessions.

- Maintained wait times for clinic appoints of 1-3 weeks.

M. Lessing-Turner highlighted the following achievements:

- The CRHA ended another fiscal year in an excellent financial position.
- The Churchill Health Centre Task Force Report has been completed and submitted to the Ministers of Health (Manitoba and Nunavut).
- The Telehealth Suite has seen an increase in usage.
- Extensive work was completed in preparation for the CCHSA Accreditation Survey.
- The Human Resources Plan continues to show a marked improvement in our ability to recruit and retain staff.
- The Authority has enhanced Quality Improvement / Risk Management reporting through the development of quality indicators.

She addressed the area of Performance Deliverables and reported that the Authority has met all of the requirements for reporting on our Performance Deliverable Plans to Manitoba Health.

She reported on the recommendations of the Churchill Health Centre Task Force Report:

PRIMARY RECOMMENDATIONS:

- Reaffirm the Churchill Health Centre as an acute care centre with strategic emphasis on its continuing development as a model of excellence in the provision of acute respiratory and chronic illness care, and dental surgery.
- Establish the Churchill Health Centre as an Inuit-focused centre of excellence in the treatment of mental illness, substance abuse and support for those affected by related family violence.

SECONDARY RECOMMENDATIONS:

- The Churchill Regional Health Authority should monitor opportunities for the repatriation of certain short and intermediate term services for individuals in crisis, primarily from Nunavut.
- Following completion of a review now being undertaken by Nunavut and Kivalliq Regional health administrators with regards to the needs and present location of Nunavut patients/individuals with complex health/medical needs, the Churchill RHA should consider designing a program to provide required services for those who may be more appropriately served by the CHC or closer to home.
- The Churchill RHA should continue to monitor potential opportunities for repatriation of services from Winnipeg Hospital to CHC or closer to home.

GOVERNANCE:

The Minister of Health (Manitoba):

- Consider limiting the size of the Churchill RHA Board to 7 members, as at present, with 3 representatives from Nunavut and 4 from Churchill.
- Discuss with Nunavut Minister of Health the need to limit the size of the CRHA Board and establish a more formal process for obtaining nominations from the Kivalliq for appointment to the CRHA.

M. Lessing-Turner recognized the valued contributions made by our community volunteers to the CRHA. Members of the Advisory Council volunteer their time to act as the eyes and ears of the community and make recommendations for change to the Board of Directors to improve the service we provide to the citizens of Churchill and Nunavut.

She stated that she has just touched on a few of the highlights of the Annual Report and would encourage everyone to read the full report.

9. GENERAL DISCUSSION PERIOD

The Honourable Mayor Michael Spence stated that every year is a challenge in terms of moving this facility forward. With the Task Force there are many opportunities as well as many challenges. He commended the CRHA on the good work and said that he looks forward to another successful year.

10. CLOSING REMARKS

D. Macri offered a special thanks to Mayor and Council, the Chamber of Commerce, Dr. Doug Brothwell, University of Manitoba, the Manitoba Nurses' Union, the Manitoba Government Employees' Union, Client Communities in Nunavut and to Mr. Mark Verwey of BDO Dunwoody.

She went on to thank the staff, Dr. Bruce Martin and Dr. Wendy Smith, Reverend David Caskey for providing the closing prayer and Reverend Hannah Bazlik for providing the opening prayer

11. CLOSING PRAYER

Reverend David Caskey offered the closing prayer.