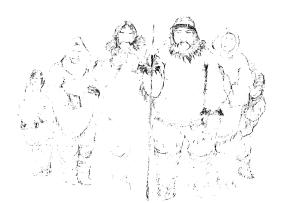


KEEWATIN REGIONAL HEALTH BOARD

DIRECTIVE

Response to Expenditure Management Initiatives as set out by the Minister of Health and the GNWT - Fiscal year 91/92.

- AIM To respond in an effective, responsible and accountable manner to the operating framework established of internal expenditure policies and procedures for Health Boards and to endeavour to reduce the projected deficit 1991-92.
- SCOPE This directive applies to all Keewatin Region Health Board's program activities.
- APPROACH The Senior Management Team of the Keewatin Regional Health Board have been tasked by the KRHB, Board of Trustees to reinforce the need for expenditure management and carefully scutinize expenditures in all categories.



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KEEWATIN REGIONAL HEALTH BOARD

RESPONSE TO EXPENDITURE MANAGEMENT INITIATIVE AS SET OUT BY THE MINISTER OF HEALTH AND THE GNWT

Proposed Action Plan

1. Develop an alternative strategy for delivery of Dental Services within the Region to allow cost effective delivery of a regional based service rather than contracting out of Region.

BACKGROUND

Currently the service is provided by the University of Manitoba on a contractual basis. The Board has developed a strategy to deliver their own dental programs from within the Region. This plan, while providing significant financial savings will also provide for opportunities for local employment, training and support services.

2. Develop a Travelling Orthodontic Program to eliminate ongoing transportation and related costs for patients required to travel out of the Region for this service.

BACKGROUND

Currently 20 patients and 16 escorts travel on a monthly basis to Winnipeg in addition approximately 5 to 10 GNWT employees and dependents also travel on a monthly basis out of the Region. An estimated \$25,000 per month will be redirected back into the Region realizing significant savings to GNWT funding.



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3. The Ultrasound Proposal which is currently being investigated by the Department of Health and awaiting an Ultrasound Policy should be implemented immediately. While no policy is in place, costs are mounting significantly.

BACKGROUND

Presently our pre-natal patients who are at risk regarding their pregnancy are referred for ultrasound. There are a higher amount of Inuit pre-natal mothers who have been assessed by the physicians as being at risk. The Department of Health should be moving at a quicker pace to develop the information required for them to authorize the Mobile Ultrasound Program for the Region.

4. Medical Travel and Hospital costs. The KRHB would work jointly with the KIA/KRC to assess the impact of a Regional Hospital Facility. Issues such as: a) employment and career opportunities b) training to develop a home grown work force and c) reduction of costs in medical travel (medevacs) etc.. These are just a few of the indicators that would be studied in our investigation regarding a regional hospital located in Rankin Inlet.

BACKGROUND

Presently a significant amount of dollars are spent for medical care for Keewatin residents. Keewatin patients utilizes available medical care at Churchill, Winnipeg and Yellowknife. These are located at significant distances from Keewatin communities. The Regionalization of health services in the area of medical care would increase the accessibility and effectiveness of providing these cost services to the Keewatin residents. The





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Keewatin people have identified the need for a hospital in Rankin Inlet. The Government of the NWT should commit to the KRHB the dollars necessary to take the lead to carry out a full analysis of the impact of having a hospital in the Keewatin Region.

5. Perform operational review of Churchill Transient Centre with consideration to investigating the possibility of reduction of ongoing costs of the Transient Centre by contracting out of service to the Health Centre.

BACKGROUND

Presently the KRHB manages the medical transient centre at Churchill which provides accommodation etc., for Keewatin patients travelling for medical care to and from Churchill, Manitoba. The KRHB has 11.59 GNWT staff positions located in Churchill. All salaries and benefits as well as housing are paid at GNWT levels. The KRHB is of the opinion that there are potential savings to be had by the Department of Health and the GNWT if an operational review could be completed to investigate the dollar savings potential if this service would be contracted out to the Churchill Health Centre.

6. Medical Travel Policy should be reviewed to ensure unnecessary travel costs are avoided. In particular, alternatives should be investigated to effect savings in the medical escort expenditures.

BACKGROUND

The high cost of providing benefits under the Medical Travel Policy has been identified by the Department of Health.





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To date a piece meal approach has been taken to review the various ways this policy could be tightened in order to avoid the increased costs. A forum should be developed to get input from Health Boards regarding savings in the area of medical escort expenditures.

- 7. Encourage the Minister to finalize current ongoing negotiations between the Province of Manitoba and the GNWT to reduce:
 - (a) Hospital costs for both the Churchill Health Centre and the HSC in Winnipeg.
 - (b) That the Minister encourage Provincial appointments.
 - (c) Board appointments in relationship to patient usage for facilities with Keewatin patients.

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