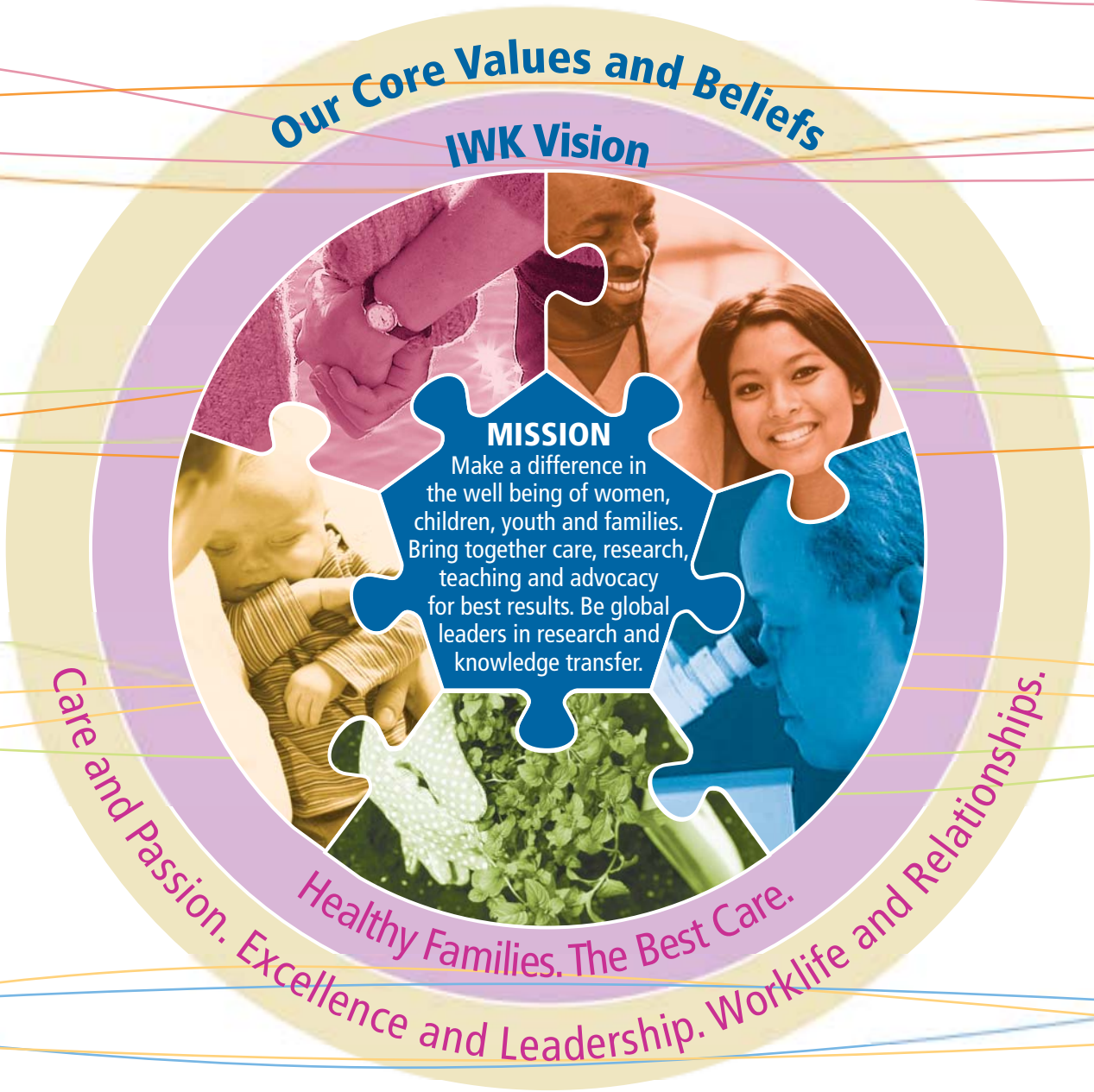
kpi progress report
December '09



IWK Health Centre

Measuring Up: Our KPI Reporting Schedule

KD	June 2009	September 2009	December 2009	March 2010
HELPING FAMILIES BE HEALTHY AND GET THE BEST CARE.	**KPI 1:** Rate of Compliance with IWK Established Wait Time Standards (Reported quarterly)	**KPI 1:** Rate of Compliance with IWK Established Wait Time Standards (Reported quarterly)	**KPI 1:** Rate of Compliance with IWK Established Wait Time Standards (Reported quarterly) **KPI 2:** Rate of Patient and Family Satisfaction with Family Centred Care (Reported annually) **KPI 3:** Advances in Program Development and Initiatives Related to Primary Health Care (Reported annually)	**KPI 1:** Rate of Compliance with IWK Established Wait Time Standards (Reported quarterly)
BECOMING A HIGH PERFORMANCE ORGANIZATION.	**KPI 1:** Rate of Recruitment for "Hard to Fill" Positions which are Critical to Our Operation (Reported quarterly) **KPI 3:** Rate of Staff Retention (Reported quarterly)	**KPI 1:** Rate of Recruitment for "Hard to Fill" Positions which are Critical to Our Operation (Reported quarterly) **KPI 3:** Rate of Staff Retention (Reported quarterly)	**KPI 1:** Rate of Recruitment for "Hard to Fill" Positions which are Critical to Our Operation (Reported quarterly) **KPI 3:** Rate of Staff Retention (Reported quarterly)	**KPI 1:** Rate of Recruitment for "Hard to Fill" Positions which are Critical to Our Operation (Reported quarterly) **KPI 2:** Rate of Overall Employee Satisfaction (Reported annually) **KPI 3:** Rate of Staff Retention (Reported quarterly)
USING RESOURCES WISELY.	**KPI 2:** Ratio of Secured Capital Funding to Capital Spending (Reported annually)	**KPI 1:** Rate of Redistribution Toward Identified Key Directions (Reported annually) **KPI 3:** Rate of Revenue from Sources Other than the Department of Health (Reported annually)		
KEEPING PATIENTS SAFE.	**KPI 1:** Rate of Adverse Event Reporting (Reported quarterly)	**KPI 1:** Rate of Adverse Event Reporting (Reported quarterly) **KPI 3:** Rate of Spread of Best Practices Identified in the Safer Healthcare *Now!* Campaign (Reported annually)	**KPI 1:** Rate of Adverse Event Reporting (Reported quarterly)	**KPI 1:** Rate of Adverse Event Reporting (Reported quarterly) **KPI 2:** Rate of Staff Identifying the IWK as Having a Positive Patient Safety Culture (Reported annually)
BEING THE BEST TEACHERS AND RESEARCHERS.	**KPI 3:** Rate of Growth in Research Dollars from National or International Peer Reviewed Research Sources (Reported annually)	**KPI 1:** Evidence of Knowledge Generation and Translation (Reported annually)	**KPI 2:** Rate of Approved Research Projects with Multidisciplinary or Interdisciplinary Investigators (Reported annually)	

helping families be healthy and get the best care

Key Performance Indicator

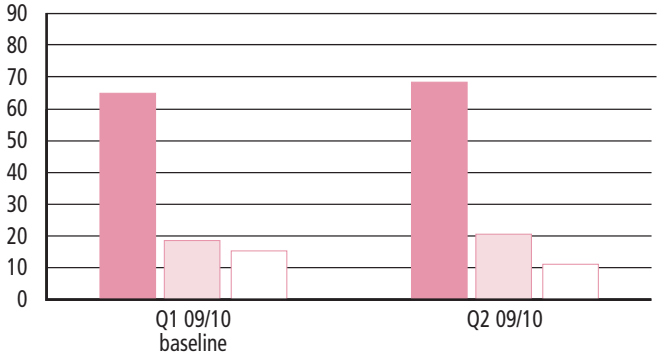
Rate of Compliance with IWK Established Wait Time One Standards and Two Standards

Measuring access to service will identify areas outside the acceptable standard and opportunities for reallocation of resources.

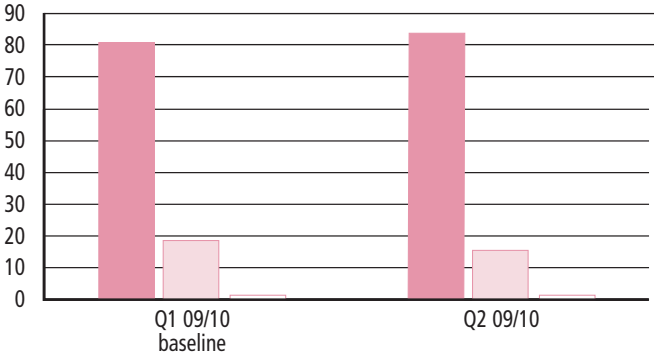
Wait Time One (G.P. To Specialist) Clinical Categories	Q1 09/10 no.	Q1 09/10 %	Q2 09/10 no.	Q2 09/10 %
Meeting Wait Time Bands	165	66.0%	179	69.1%
Not Meeting Wait Time Bands	48	19.2%	52	20.1%
Wait Times Not Defined / Insufficient Data	37	14.8%	28	10.8%
Total Wait Time Classification Areas	**250**	**100.0%**	**259**	**100.0%**

Wait Time Two (Decision To Incision) Clinical Categories	Q1 09/10 no.	Q1 09/10 %	Q2 09/10 no.	Q2 09/10 %
Meeting Wait Time Bands	127	80.4%	132	83.5%
Not Meeting Wait Time Bands	30	19.0%	25	15.8%
Wait Times Not Defined / Insufficient Data	1	0.6%	1	0.6%
Total Wait Time Classification Areas	**158**	**100.0%**	**158**	**100.0%**

Wait Time One (G.P. To Specialist) Compliance by Quarter



Wait Time Two (Decision To Incision) Compliance by Quarter



% of Clinical Categories Meeting Wait Time Bands | % of Clinical Categories Not Meeting Wait Time Bands | % of Clinical Categories Wait Times Not Defined/Insufficient Data

Analysis

Wait Time One (G.P. To Specialist): As of quarter two, there are now nine new clinical areas reporting Wait One data. The percentage of clinical categories meeting established wait time bands has increased from 66.0% to 69.1% and the percentage of clinical categories not meeting established wait time bands has unfortunately also increased, from 19.2% to 20.8%. Areas "not meeting" are dealing with a combination of resource shortages and an increase in referrals. The clinical teams continue to work on access to service issues.

Wait Time Two (Decision to Incision): Wait Time Two access is continuing to improve with 83.5% of clinical categories meeting established wait time bands, up from 80.4% in quarter one. Clinical categories not meeting established wait time bands for Wait Two have decreased from 19.0% to 15.8%. Resource shortages and increases in referrals are the main contributing factors for clinical areas not meeting wait time targets and the clinical teams continue to address these issues.

Mary-Ann Hiltz, Vice President, Strategy and Organizational Performance

helping families be healthy and get the best care

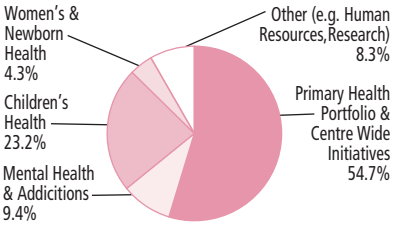
Key Performance Indicator

Advances in Program Development and Initiatives Related to Primary Health Care

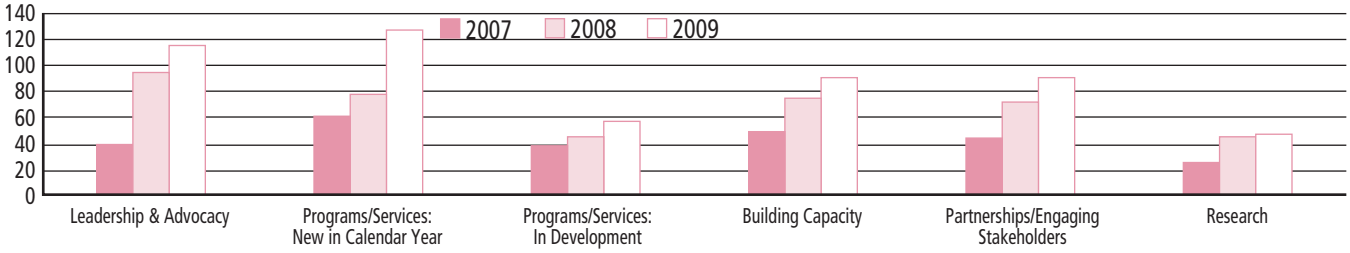
As a Maritime Centre for women, children and youth we have a responsibility to advance the health status of the populations we serve.

Primary Health Care Key Themes	2007 Activities / Initiatives		2008 Activities / Initiatives		2009 Activities / Initiatives		Percent change 2008-2009
	Number	Percent	Number	Percent	Number	Percent	
Leadership and Advocacy	39	15.2%	95	23.2%	116	21.9%	22.1%
Programs / Services: New in Calendar Year	61	23.8%	78	19.0%	128	24.2%	64.1%
Programs / Services: In Development	38	14.8%	45	11.0%	57	10.8%	26.7%
Building Capacity for Primary Health Care	49	19.1%	75	18.3%	91	17.2%	21.3%
Partnerships / Engaging Stakeholders	44	17.2%	72	17.6%	91	17.2%	26.4%
Research	25	9.8%	45	11.0%	47	8.9%	4.4%
Total	**256**	**100%**	**410**	**100%**	**530**	**100.0%**	**29%**

Overall Activities / Initiatives by Program / Portfolio 2009



Number of Primary Health Care Activites and Initiatives Developed, 2007, 2008 and 2009



Analysis

Primary Health Care activities have increased across all theme areas once again this year. Total activities have increased to 530 in 2009 from 410 in 2008 (representing a 29% increase). It must be noted that a "count" of activities does not tell the complete story as each activity varies in terms of the human resource, time, collaboration, cost, etc. required to achieve a final result. The numbers also do not capture the primary health care activity that is part of our day-to-day service offering (e.g. delivery of literacy bags within Read to Me program or home visits within Extra Support for Parents program).

Leadership and Advocacy activities include creation of the Family Leadership Council; organizing dialogues on citizen engagement and early child development; commitment to implement Employment Equity; advocacy efforts related to youth crime, physical activity, tobacco advertising and sale of flavoured cigarillos, HRM tobacco free outdoor spaces, alcohol marketing to women; environmental health and the consumer product safety act.

Programs and Services include beginning the implementation of the Diversity and Inclusion Strategy; launching the Physical Activity Strategy with our collaborating partners; deploying staff to the Primary Assessment Centres during H1N1 and organizing immunization clinics for high risk populations; launching an injury prevention storybook for children and a family reading guide for new parents, and piloting a Well Woman's Clinic and education program for women who speak Arabic.

Building Capacity for Primary Health Care include completion of the IWK Primary Health Care Framework; learning how to sensitively care for women who are overweight/obese; workshops on culturally competent care; holding education sessions for school education personal assistants and bus drivers regarding children with complex medical needs; and implementing child life services in the Emergency Department.

Partnerships have continued to build and flourish with school boards, CBC, private sector companies, provincial health programs, district health authorities, musicians, health charity and non-profit organizations, libraries, churches, communities, government departments, and national organizations.

Research areas include a profile of children's injuries, contributing to a community health survey within Capital Health, the impacts of newborn literacy programs, conquering childhood immunization fears and pain, rural women's health, women's experience with pessary treatment and a school liaison program for children with brain and spinal cord tumors.

Anne Cogdon, Executive Director, Primary Health

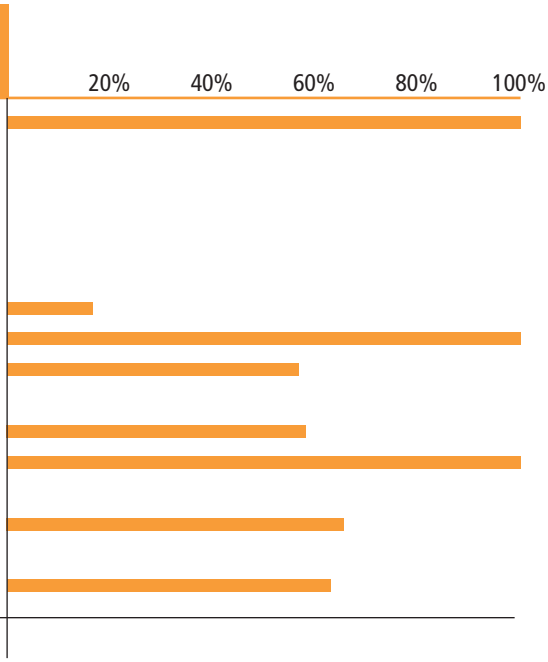
becoming a high performance organization

Key Performance Indicator

"Hard To Fill" Position Recruitment Rate

The Provincial Health Services Operational Review (PHSOR) identified key Professional Groups that are areas of concern in the Health Care system for current and future recruitment.

"Hard to Fill" Position Types Q2-09/10	Open Postings by FTE	Unfilled Vacancies by FTE	% FTEs Filled in Quarter
Dietitian	1.30	0.00	100.0%
EKG Technician			*no vacancies*
Health Records Technologist	1.50	1.50	0.0%
Laboratory Technologist	4.00	4.00	0.0%
MRI Technologists			*no vacancies*
Nuclear Medicine Technologists			*no vacancies*
Radiation (X-Ray) Technologists	1.20	1.00	16.7%
Ultrasonographer	1.00	0.00	100.0%
Occupational Therapist	4.40	1.90	56.8%
Pharmacist/Pharmacist Consultant			*no vacancies*
Physiotherapist	2.40	1.00	58.3%
Psychologist	6.00	0.00	100.0%
Respiratory Therapist	2.90	2.90	0.0%
Social Worker	19.80	6.80	65.7%
Licensed Practical Nurses	4.00	4.00	0.0%
Nursing Positions	95.20	35.20	63.0%
TOTALS	**143.70**	**58.30**	**59.4%**



Analysis

Recruitment activity decreased from 193 (Q1 2009/10) to 143 postings in the PHSOR "Hard to Fill" category. The largest number of postings were for Nurses (95.2 FTE), followed by Social Workers (19.8 FTE) and Psychologists (6.0 FTE). By the end of the quarter, 59.4% of these vacancies were filled – compared with 65.5% in the previous quarter. Traditionally Social Workers, Psychologists, Physiotherapists and Respiratory Therapists are among the hardest to recruit; however, this quarter 100% of the Psychologist vacancies were filled.

In order to improve the way we attract and hire talent, HR has initiated a major recruitment re-engineering project. A survey of leaders and employees in August provided excellent feedback on the recruitment process and represented approximately 12% of the population. A Recruitment Re-engineering Committee comprised of HR, clinical leaders and other stakeholders was launched in October with the mandate to review survey findings, best practices, policies and collective agreements and build a new process to fit the needs of the organization.

With the goal of becoming more representative of our patient and community population, the IWK has signed an Employment Equity Certificate of Commitment. While this supports our goal of contributing to a culture of inclusion and diversity, an Employment Equity Program will also promote the IWK as a welcoming environment and provide another method to welcome new talent.

Other key talent strategies include Models of Care, Nursing Strategy, and the Provincial Health Human Resources Strategy. HR is also looking closely at our new nursing graduate program to ensure we promote and provide the best opportunities for professionals in the field while meeting our recruitment needs.

Steve Ashton, Vice President, People and Organization Development

becoming a high performance organization

Key Performance Indicator

Turnover Rate

Satisfied and motivated employees supported in their roles provide the best environment for patient care. Turnover is measured Health Centre wide and by work group (excluding temporary and casual staff).

Staff Turnover Rate by Quarter

Fiscal 2007/08			
Q1-Apr-Jun	2,140	34	1.59%
Q2-Jul-Sep	2,337	42	1.80%
Q3-Oct-Dec	2,395	35	1.46%
Q4-Jan-Mar	2,381	58	2.44%
Fiscal 2008/09			
Q1-Apr-Jun	2,343	37	1.58%
Q2-Jul-Sep	2,406	45	1.87%
Q3-Oct-Dec	2,417	29	1.20%
Q4-Jan-Mar	2,495	22	0.88%
Fiscal 2009/10			
Q1-Apr-Jun	2,452	24	0.98%
Q2-Jul-Sep	2,491	36	1.45%
12 Month Period			
Oct 08-Sep 09	2,417	111	4.59%

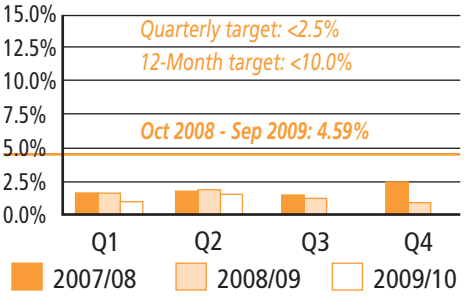
IWK Turnover Reasons

	2008/09				2009/10		12 Mos Oct 08-Sep 09
Employee Initiated	Q1	Q2	Q3	Q4	Q1	Q2	
Resignation (No Reason Given)	35.1%	35.6%	37.9%	45.5%	25.0%	41.7%	37.8%
Retirement	27.0%	13.3%	3.5%	18.2%	16.7%	13.9%	12.6%
New Position (external to IWK)	16.2%	24.4%	27.6%	9.1%	12.5%	13.9%	16.2%
Relocation	8.1%	22.2%	6.9%	0.0%	20.8%	8.3%	9.0%
Non Return from Leave of Absence	8.1%	2.2%	13.8%	22.7%	8.3%	19.4%	16.2%
Education Reasons	0.0%	2.2%	3.5%	0.0%	0.0%	0.0%	0.9%
Deceased	2.7%	0.0%	0.0%	0.0%	8.3%	2.8%	2.7%
% Turnover Employee Initiated	**97.3%**	**100.0%**	**93.1%**	**95.5%**	**91.7%**	**100.0%**	**95.5%**
Organization Initiated							
Probationary (Not Successful)	2.7%	0.0%	3.5%	0.0%	0.0%	0.0%	0.9%
Dismissed	0.0%	0.0%	0.0%	4.6%	4.2%	0.0%	1.8%
Position Eliminated	0.0%	0.0%	0.0%	0.0%	4.2%	0.0%	0.9%
Layoff	0.0%	0.0%	3.5%	0.0%	0.0%	0.0%	0.9%
Other, e.g. Obstetrics Transfer	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% Turnover Organization Initiated	**2.7%**	**0.0%**	**6.9%**	**4.6%**	**8.3%**	**0.0%**	**4.5%**

Labour Stability by Employee Group

	2008/09				2009/10	
Employee Group	Q1	Q2	Q3	Q4	Q1	Q2
Service (CAW)	100.0%	99.0%	99.0%	100.0%	99.2%	99.5%
Clerical (NSGEU)	98.6%	98.1%	97.5%	99.2%	99.2%	98.4%
Medical Staff (IWK Payroll only)	100.0%	95.2%	94.4%	95.0%	100.0%	100.0%
Management	96.8%	96.4%	98.2%	98.0%	99.0%	97.2%
Allied Health Care (NSGEU)	98.7%	97.3%	98.2%	99.1%	99.1%	98.9%
Nursing	98.9%	96.5%	97.9%	99.4%	98.8%	98.5%
Non-Union	97.0%	94.6%	97.4%	98.4%	99.3%	98.8%
Research	91.3%	100.0%	90.5%	100.0%	50.0%	100.0%
HITS NS	95.8%	92.2%	100.0%	99.1%	100.0%	98.4%

Staff Turnover Rate by Quarter Fiscal 07/08, 08/09, 09/10



Analysis

Turnover in this quarter remained low at 1.45%, which represents 36 employees, down from 45 for the same period in 2008. This brings our one-year rolling average down to 4.59% for the past 12 months. This is a very positive sign to have our attrition rate continuing below 5% annually – and well below the 10% limit we had set for this KPI – given the increasing demand for healthcare workers in Canada and internationally.

The entirety of turnover was employee-initiated (36 of 36) with no organization-initiated turnover. The most common reasons for employee turnover were resignations (42%), non return from a leave of absence (19%), new position outside the organization (14%) and retirements (14%). The on-line exit survey continues to show strong response rate of 75% and provides valuable information for the organization as well as a link to potential re-hires. In fact, as of September 2009, 92% of exit survey respondents would consider working at the IWK again if given the opportunity.

In a recently formed working group, HR at the IWK and CDHA have developed a common streamlined version of the exit survey to be used by both organizations, with the IWK version acting as a template. This joint initiative will provide powerful trending and benchmarking potential as we strive to understand and mitigate the risks of turnover.

Work is continuing across the organization to address broad retention issues such as civility in the workplace (CREW initiative) and work-life balance (ABLE partnership with Saint Mary's University).

Steve Ashton, Vice President, People and Organization Development

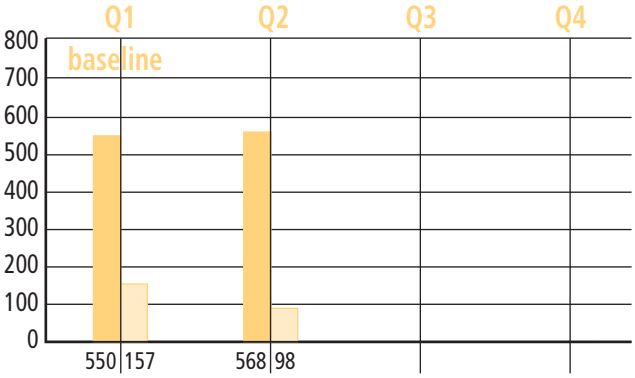
keeping patients safe

Key Performance Indicator

Rate of Adverse Event Reporting

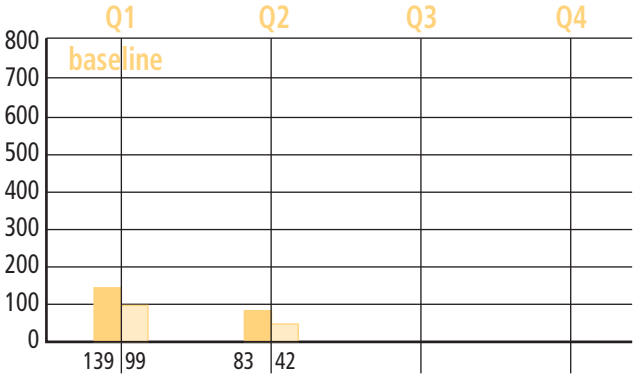
A culture of patient safety where all staff are comfortable identifying adverse events and reviewing patient safety practices results in the best care for patients.

Patient Related Adverse Event Reporting, 2009/10



Actual Occurences (Q2-09/10: 568; YTD 09/10: 1118)
Near Misses (Q2-09/10: 98; YTD 09/10: 255)

Other Adverse Event Reporting, 2009/10



Actual Occurences (Q2-09/10: 83; YTD 09/10: 222)
Near Misses (Q2-09/10: 42; YTD 09/10: 141)

Patient Related Harm Severity Rating* – Q2-09/10	# of Events	% of Events
A - Circumstances or events that have the capacity to cause harm	13	1.7%
B - An event that did not reach the patient	127	16.2%
C - An event occurred that did reach the patient but did not cause patient harm	292	37.2%
D - An event that reached the patient and monitoring was required to confirm that it resulted in no harm to the patient and/or required interventions to preclude harm	341	43.4%
E - An event occurred that may have contributed to or resulted in temporary harm to the patient and required intervention	12	1.5%
F - An event occurred that may have contributed to or resulted in temporary harm to the patient and required initial or prolonged hospitalization	0	0.0%
G - An event occurred that may have contributed to or resulted in permanent harm to the patient	0	0.0%
H - An event occurred that required intervention necessary to sustain life	0	0.0%
I - An event occurred that may have contributed to or resulted in the patient's death	0	0.0%
Total	**785**	**100.0%**

**Adapted from the Canadian Medication Incident Reporting and Prevention System (CMIRPS) for Categorizing Medication Errors*

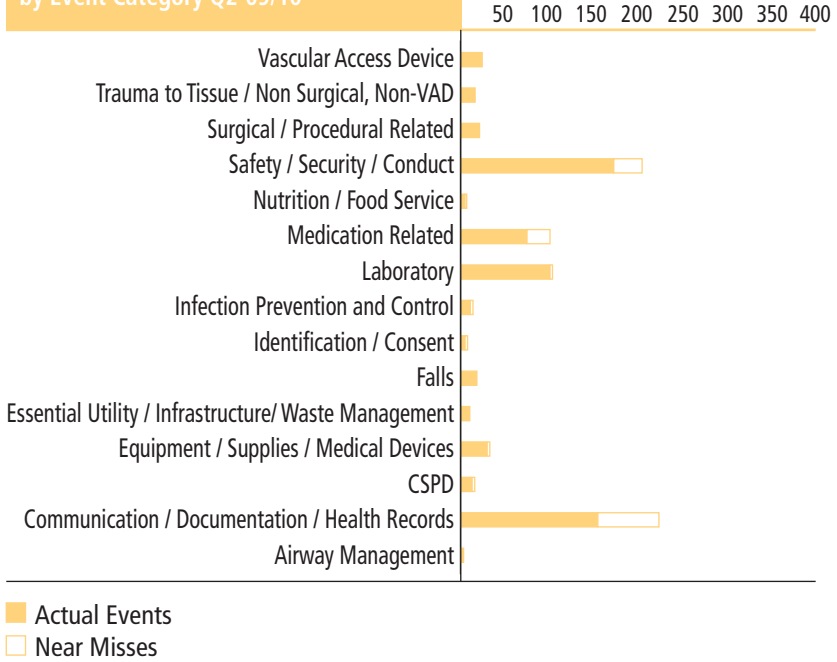
Adverse Event (AE): *An unexpected and undesired incident directly associated with the care and/or services that negatively affect the patient's physical and/or psychological health and/or quality of life.*
Adverse Drug Event (ADE): *A deviation in the medication use process or undesirable clinical manifestation that is consequent to and caused by the administration or omission of medications.*
Good Catch / Near Miss: *An event or circumstance with the capacity to cause harm that has been detected and corrected before reaching the patient.*

keeping patients safe

Key Performance Indicator

Rate of Adverse Event Reporting (continued from previous page)

Actual & Near Miss Events, by Event Category Q2-09/10



Adverse Events by Program/Area Q2-09/10

Program / Area	# of Actual	# of Near Misses	Total Events
Children's Health	175	50	225
Mental Health & Addictions	121	12	133
Women's & Newborn Health	196	31	227
Support Services & Administration	154	46	200
Total	**646**	**139**	**785**

Adverse Events by Program/Area Q2-09/10

Program / Area	% of Actual	% of Near Misses
Children's Health	78.0%	22.0%
Mental Health & Addictions	91.0%	9.0%
Women's & Newborn Health	86.3%	13.7%
Support Services & Administration	77.0%	23.0%
Total	**82.3%**	**17.7%**

Analysis

As of Q1 09/10 we have restructured our Adverse Event Reporting KPI into two data sets; Patient Related Adverse Events and Other Adverse Events (both data sets are stratified by actual and near miss adverse events). Medication related adverse events that had previously been reported separately are now included in the Patient Related Adverse Event data. Grouping all adverse events that have a direct, or potentially direct impact on patient care and outcomes will allow us to focus more specifically on the level of harm patients are experiencing as a result of these adverse events.

As a result of the new reporting methodology there are two quarters of data available for comparison, review and analysis in the December, 2009 KPI Report. "Actual" Patient Related Adverse Events continue to be well reported and this information is used by all 41 M.O.M.(morbidity, occurrence, mortality) Committees as a trigger for process and system improvement. "Near Miss" Patient Related Adverse Event reporting decreased in quarter two, as did "Actual" and "Near Miss" reporting in the Other Adverse Events category, largely related to the clarification of the criteria for reporting in the Safety, Security and Conduct category. The Patient Safety Team will continue to monitor reporting trends to ensure staff and physicians continue to report on all Adverse Events, both Actual and Near Misses.

Mary-Ann Hiltz, Vice President, Strategy and Organizational Performance

being the best teachers and researchers

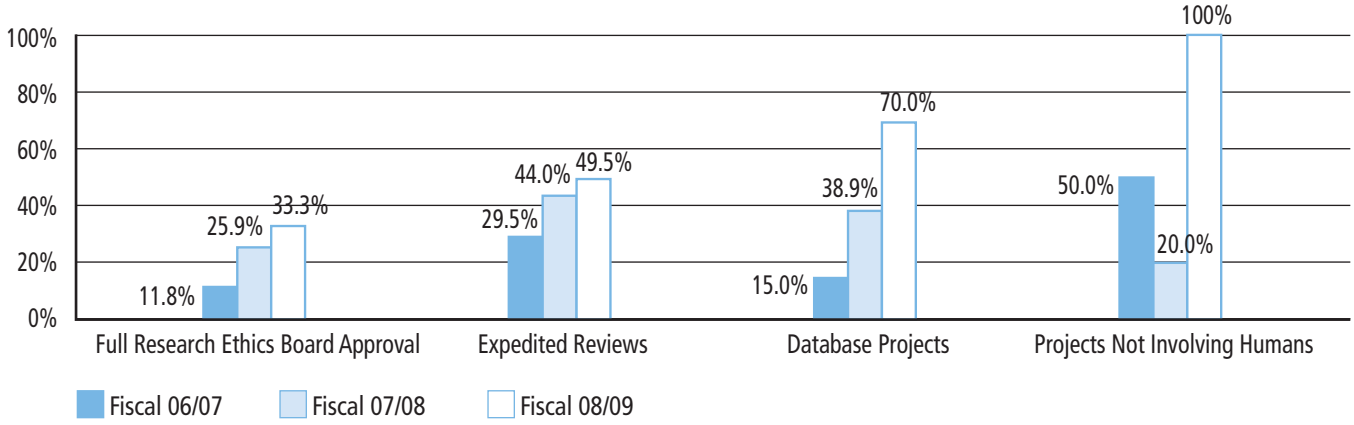
Key Performance Indicator

Rate of Approved Research Projects with Multidisciplinary Investigators

Better translation to outcomes occurs when several disciplines are involved in collaborative research.

Type of Research	FISCAL 2006/07				FISCAL 2007/08				FISCAL 2008/09			
	Newly Approved Projects	Approved Multi-Discip. Projects	Approved Multi-Discip.	Approved Single Discip.	Newly Approved Projects	Approved Multi-Discip. Projects	Approved Multi-Discip.	Approved Single Discip.	Newly Approved Projects	Approved Multi-Discip. Projects	Approved Multi-Discip.	Approved Single Discip.
Full Research Ethics Board Approval	51	6	11.8%	88.2%	54	14	25.9%	74.1%	51	17	33.3%	66.7%
Expedited Reviews	78	23	29.5%	70.5%	91	40	44.0%	56.0%	91	45	49.5%	50.5%
Database Projects	20	3	15.0%	85.0%	18	7	38.9%	61.1%	10	7	70.0%	30.0%
Projects Not Involving Humans	6	3	50.0%	50.0%	5	1	20.0%	80.0%	1	1	100.0%	0.0%
Total New Research	**155**	**35**	**22.6%**	**77.4%**	**168**	**62**	**36.9%**	**63.1%**	**153**	**70**	**45.8%**	**54.2%**

Percent of New IWK Multidicplinary Research, by Type of Research – Fiscal 2006/07, 2007/08 and 2008/09



Analysis

There were a total of 153 new IWK research projects approved for Fiscal 2008/09. Of these, 45.8% were classified as multidisciplinary (more than one health discipline represented as principal investigator or co-investigator). Since the launch of our strategic plan, multidisciplinary research has increased by 100%. As we continue to develop a culture of research, one of the key indicators of success will be the increase in research projects representing collaboration among a variety of health disciplines.

Dr. Patrick McGrath, Vice President, Research

Our Vision

Healthy families. The best care.

Notre vision

Des familles en bonne santé. Les meilleurs soins.

Ta' n telnmitu'k

Ta'jiko'ltinew aqq maw Kelukewk tlo'tasultinew, Kikmanaq.

رؤيتنا

عائلات تتمتع بالصحة. أفضل رعاية.

Our Mission

To make a difference in the health and well being of women, children, youth and families;
To bring together care, research, teaching and advocacy for the best possible results;
To be global leaders in research and knowledge sharing.

Notre mission

Faire une différence dans la santé et le mieux-être des femmes, des enfants, des adolescents et des familles ; Réunir les soins, la recherche, l'enseignement et la promotion en vue des meilleurs résultats possibles ; Être chefs de file mondiaux en matière de recherche et de partage des connaissances.

Our Core Values and Beliefs

Care and Passion

Taking pride in providing safe, high quality care to the populations we serve; Building successful relationships with patients and families as partners in decision-making and care; Making a positive difference in people's lives; Contributing to a culture of inclusion and diversity.

Excellence and Leadership

Building our reputation for excellence in the Maritime community and beyond; Contributing to a sustainable health care system through formal and informal partnerships; Pursuing excellence in care, teaching and research through a spirit of discovery and innovation; Leveraging our reputation and influence to advocate for the health of the population; Being accountable for our relationships, decisions and actions.

Worklife and Relationships

Bringing collaboration and teamwork to all that we do; Creating a supportive work environment that values and respects all members of our team; Being open and honest; Supporting employees, physicians and volunteers in achieving and maintaining a healthy lifestyle.

Nos valeurs et nos croyances fondamentales

Sollicitude et passion

Nous sommes fiers de prodiguer des soins de qualité supérieure, en toute sécurité, aux populations auprès desquelles nous œuvrons ; Nous établissons des relations positives avec les patients et leurs familles à titre de partenaires des processus de prise de décision et de soins ; Nous influençons la vie des gens de façon positive. Nous contribuons à une culture d'inclusion et de diversité.

Excellence et leadership

Nous affermissons notre réputation d'excellence dans les Maritimes et ailleurs ; Nous contribuons à un système de soins de santé durable par des partenariats officiels et officieux ; Nous visons l'excellence en matière de soins, d'enseignement et de recherche grâce à un esprit de découverte et d'innovation ; Nous mettons à profit notre réputation et notre influence afin de revendiquer les droits de la population en matière de santé ; Nous nous tenons responsables de nos relations, de nos décisions et de nos actes.

Vie et relations au travail

Nous accordons la plus haute importance à la collaboration et au travail d'équipe ; Nous créons un milieu de travail positif au sein duquel tous les membres de notre équipe sont valorisés et respectés ; Nous sommes ouverts et honnêtes ; Nous aidons nos employés, nos médecins et nos bénévoles à adopter et à maintenir un mode de vie sain.