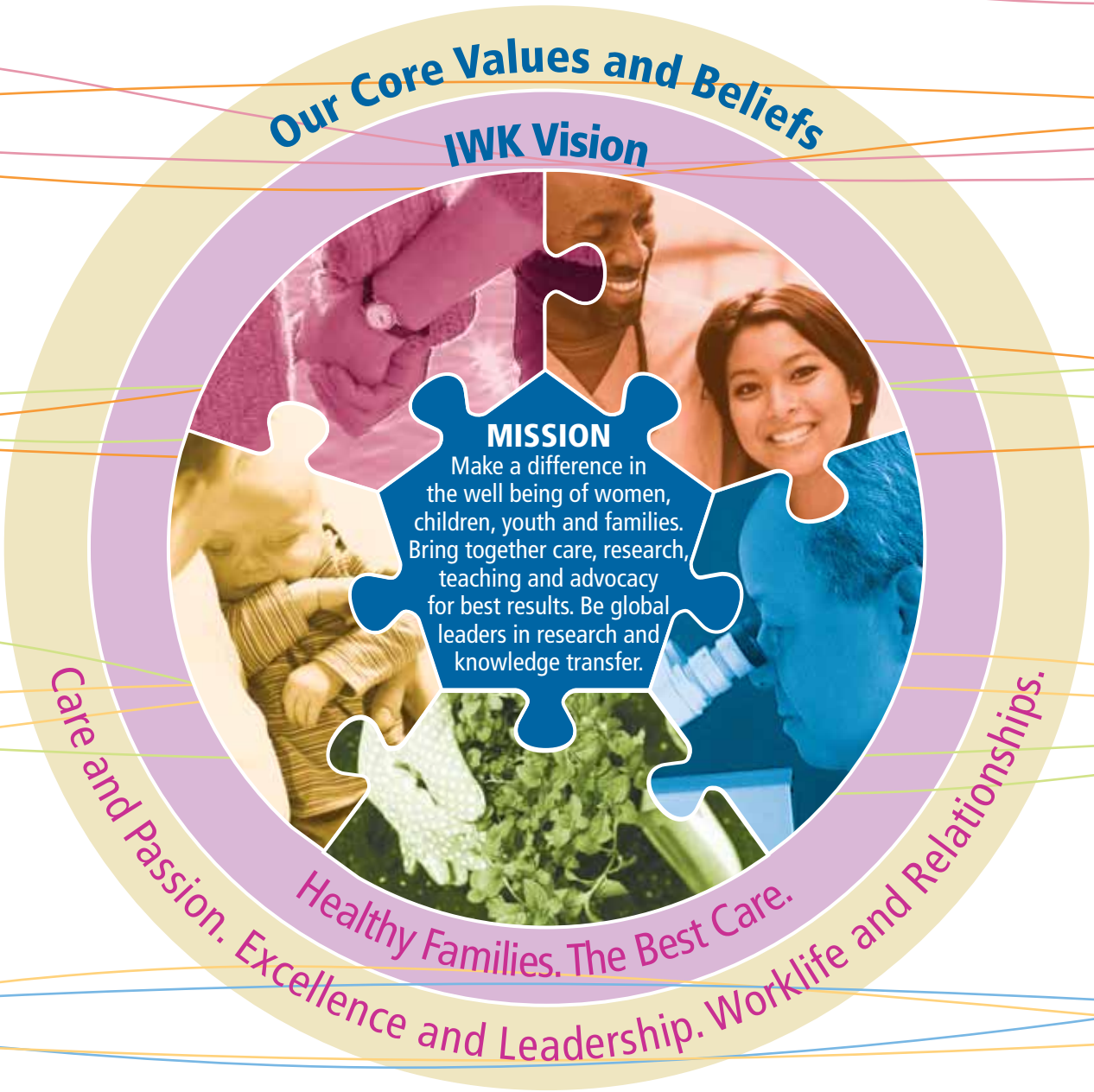
kpi progress report
September '11



IWK Health Centre

helping families be healthy and get the best care

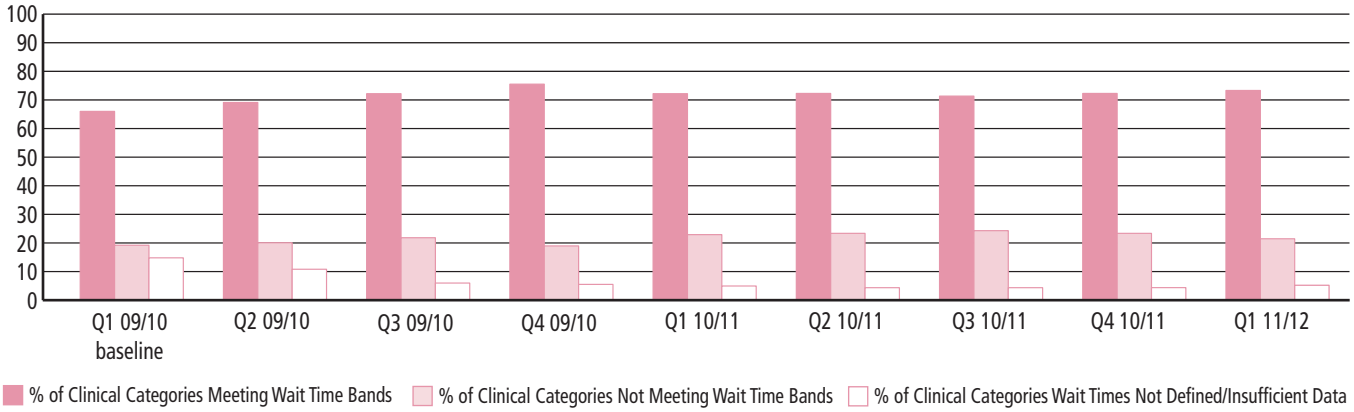
Key Performance Indicator

Rate of Compliance with IWK Established Wait Time One 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)																		
	Q1 09/10		Q2 09/10		Q3 09/10		Q4 09/10		Q1 10/11		Q2 10/11		Q3 10/11		Q4 10/11		Q1 11/12	
Wait Clinical Categories	no.	%	no.	%	no.	%	no.	%	no.	%	no.	%	no.	%	no.	%	no.	%
Meeting Wait Time Bands	165	66.0%	179	69.1%	205	72.2%	219	75.5%	233	72.1%	232	72.3%	229	71.3%	231	72.2%	239	73.3%
Not Meeting Wait Time Bands	48	19.2%	52	20.1%	62	21.8%	55	19.0%	74	22.9%	75	23.4%	78	24.3%	75	23.4%	70	21.5%
Not Defined / Insufficient Data	37	14.8%	28	10.8%	17	6.0%	16	5.5%	16	5.0%	14	4.4%	14	4.4%	14	4.4%	17	5.2%
Total	**250**	**100%**	**259**	**100%**	**284**	**100%**	**290**	**100%**	**323**	**100%**	**321**	**100%**	**321**	**100%**	**320**	**100%**	**326**	**100%**

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



Analysis

Wait Time One (G.P. To Specialist): Quarter 1 11/12 saw an increase of 6 areas reporting Wait Time One data for a total of 326 areas, up from 320 areas in Quarter 4 10/11. Q1 experienced positive changes to Wait time One data with the percentage of areas meeting wait times increasing to 73.3% from 72.2% and the areas not meeting wait time bands decreasing to 21.5% from 23.4%. There are improvements noted in Cardiology, Urology and Eye clinic. Maritime Medical Genetics, Orthopedics and Dentistry remain areas of concern.

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

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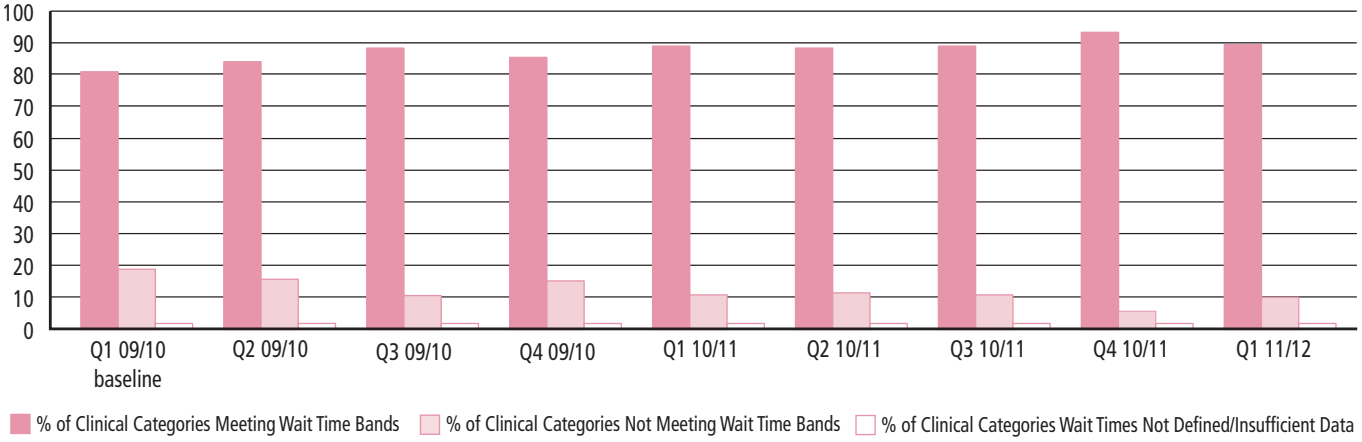
Key Performance Indicator

Rate of Compliance with IWK Established Wait Time Two Standards

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

	Wait Time Two (Decision to Incision)																	
	Q1 09/10		Q2 09/10		Q3 09/10		Q4 09/10		Q1 10/11		Q2 10/11		Q3 10/11		Q4 10/11		Q1 11/12	
Wait Clinical Categories	no.	%	no.	%	no.	%	no.	%	no.	%	no.	%	no.	%	no.	%	no.	%
Meeting Wait Time Bands	127	80.4%	132	83.5%	141	88.7%	135	84.9%	142	89.3%	141	88.7%	142	89.3%	149	93.7%	144	89.4%
Not Meeting Wait Time Bands	30	19.0%	25	15.8%	17	10.7%	23	14.5%	16	10.1%	17	10.7%	16	10.1%	9	5.7%	16	9.9%
Not Defined / Insufficient Data	1	0.6%	1	0.6%	1	0.6%	1	0.6%	1	0.6%	1	0.6%	1	0.6%	1	1.0%	1	0.6%
Total	**158**	**100%**	**158**	**100%**	**159**	**100%**	**159**	**100%**	**159**	**100%**	**159**	**100%**	**159**	**100%**	**159**	**100%**	**161**	**100%**

Wait Time Two (Decision to Incision) Compliance by Quarter



Analysis

Wait Time Two (Decision to Incision): There are now a total of 161 areas reporting Wait Time Two data, an increase of 2 areas. The number of areas meeting wait time targets has decreased to 89.4% in Q1 from 93.7% in Q4. The percentage of areas not meeting increased to 9.9% in Q1 from 5.7% in Q4. This represents a number of surgical services in the Paediatric program such as Dentistry, GI, Ophthalmology, Oral Surgery and Plastic Surgery. These areas continue to face challenges with demand exceeding capacity of available resources.

Dentistry, GI, Oral Surgery and Plastic Surgery will all have more OR time starting October 2011.

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

helping families be healthy and get the best care

NEW

Key Performance Indicator

IWK Wait Time – Percentage of Patients Seen Within Window

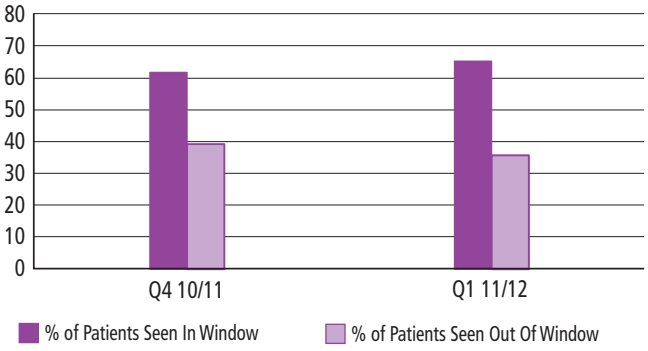
Measures at the patient level whether established wait time standards were successfully achieved.

Wait Time One: This reporting methodology can only be applied to data collected using the community wide scheduling (CWS) module, thus representing approximately 80% of Wait 1 activity.

Wait Time Two: This reporting methodology has been applied to all Pediatrics and Breast Health elective surgery cases, thus representing approximately 75% of elective surgical cases completed in a quarter. Gyne elective surgery is not included in the data.

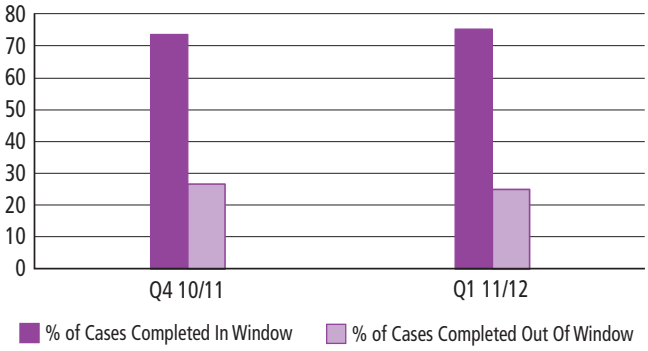
Wait Time One – Patients Seen In/Out of Window

	Q4 - 10/11		Q1 - 11/12	
Category	Number	%	Number	%
Patients Seen In Window	5,622	61.2%	5,528	64.7%
Patients Seen Out of Window	3,566	38.8%	3,018	35.3%
Total	**9,188**	**100.0%**	**8,546**	**100.0%**



Wait Time Two – Cases Completed In/Out of Window

	Q4 - 10/11		Q1 - 11/12	
Category	Number	%	Number	%
Cases Completed In Window	925	73.5%	992	75.2%
Cases Completed Out of Window	334	26.5%	328	24.8%
Total	**1,259**	**100.0%**	**1320**	**100.0%**



Analysis

Wait Time One (G.P. To Specialist): The percentage of patients seen within window metric measures at the patient level whether the IWK succeeded in providing timely access to care according to established wait time standards. Q1 11-12 saw a 3.5% increase in the number of patients seen in window when compared to Q4 10-11. Of the 3018 patients seen out of window in Q1, only two were Emergent; these patients waited 1 and 4 days longer, respectively, to be seen than the recommended wait time standard. Of the remaining patients who were seen out of window, 21% were Urgent, 27% were Semi-Urgent, and 52% were Elective. With this new reporting methodology, an education and validation plan is being rolled out to engage care teams in identifying improvement opportunities and strategies.

Wait Time Two (Decision to Incision): Q1 11-12 saw a 1.7% increase in the number of patients seen in window when compared to Q4 10-11. Of the 328 cases completed out of window in Q1, 0% were Priority I, 7% were Priority IIa, 14% were Priority IIb, 38% were Priority III, 30% were Priority IV, 11% were Priority V, and 0% were Priority VI. Areas of concern are Dentistry, Oral Surgery and Plastic Surgery where more than 92%, 71%, and 34% of elective cases in Q1 were completed out of window, respectively. The majority of cases completed out of window in these areas are Priority III and Priority IV. These areas continue to face challenges with demand exceeding capacity of available resources. Dentistry currently has 558 patients waiting for surgery with a projected wait time of greater than one year.

While non-elective (i.e. Emergent/Urgent) data cannot be provided using the in window/out of window methodology we know that in Q1 there were 277 non elective (i.e. Emergent/Urgent) cases completed. Of these cases, all were completed within established wait time standards, with the exception of Pediatrics Class I where the average wait time was 123 minutes, 3 minutes above the 120 minute wait time standard.

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

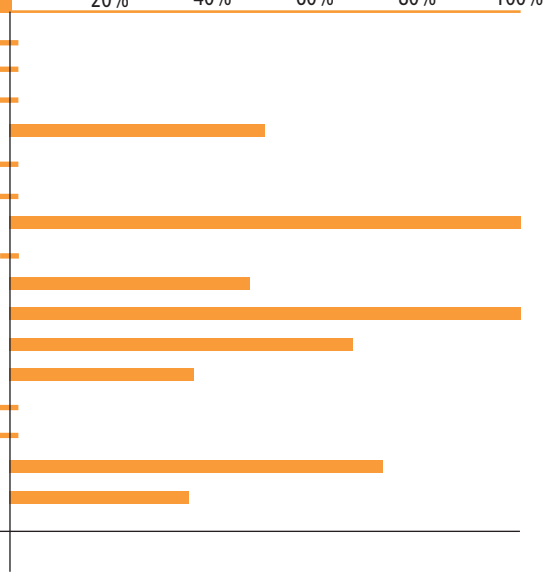
becoming a high performance organization

Key Performance Indicator

"Hard To Fill" Position Recruitment Rate

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

"Hard to Fill" Position Types Q1-11/12	Open Postings by FTE	Unfilled Vacancies by FTE	% FTEs Filled in Quarter
Dietitian		*no vacancies*	
EKG Technician		*no vacancies*	
Health Records Technologist		*no vacancies*	
Laboratory Technologist	4.00	2.00	50.0%
MRI Technologists		*no vacancies*	
Nuclear Medicine Technologists		*no vacancies*	
Radiation (X-Ray) Technologists	1.00	0.00	100.0%
Ultrasonographer	0.50	0.50	0.00
Occupational Therapist	3.20	1.70	47.0%
Pharmacist / Pharmacist Consultant	0.80	0.00	100.0%
Physiotherapist	1.20	0.40	67.0%
Psychologist	2.80	1.80	36.0%
Respiratory Therapist		*no vacancies*	
Social Worker	2.00	2.00	0.0%
Licensed Practical Nurses	20.50	5.50	73.0%
Nursing Positions	34.20	22.20	35.0%
TOTALS	**70.20**	**36.10**	**48.6%**



Analysis

Recruitment activity decreased from 95.7 (Q4 2010/11) to 70.2 FTE postings in the PHSOR "Hard to Fill" category. This is a significant decrease from usual posting levels, and can be attributed to the 2011/12 budget and mitigation plans, in which some positions are being held until further notice. The largest number of postings were for Nurses (34.20 FTE), followed by Licensed Practical Nurses (20.50 FTE) and Laboratory Technologists (4.00 FTE). By the end of the quarter, 48.6% of vacancies were filled, a decrease from 76.4% in the previous quarter.

It should be noted that in the last week of Q1, 7.2 FTE positions were posted and remain open, while another 14.3 FTE positions were filled early in Q2 11/12. These late postings result in a low fill rate in Q1. When positions filled early in Q2 are taken into account, the % FTEs filled rate increases to 68%.

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 2009/10			
Q1-Apr-Jun	2,452	24	0.98%
Q2-Jul-Sep	2,491	36	1.45%
Q3-Oct-Dec	2,541	30	1.18%
Q4-Jan-Mar	2,538	22	0.87%
Fiscal 2010/11			
Q1-Apr-Jun	2,524	36	1.43%
Q2-Jul-Sep	2,600	44	1.69%
Q3-Oct-Dec	2,604	28	1.08%
Q4-Jan-Mar	2,617	32	1.22%
Fiscal 2011/12			
Q1-Apr-Jun	2,625	39	1.49%
12 Month Period			
Apr 10 - Mar 11	2,600	143	5.50%

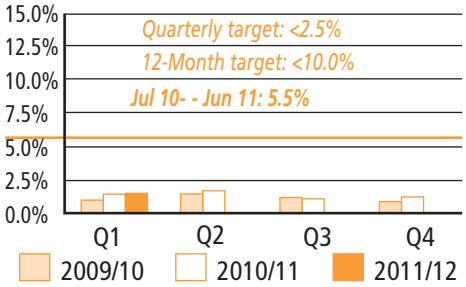
IWK Turnover Reasons

	2009/10			2010/11				2011/12	12 Mos
Employee Initiated	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Jul 10-Jun 11
Resignation (No Reason Given)	41.7%	43.3%	31.8%	36.1%	38.6%	50.0%	9.4%	28.2%	31.5%
Retirement	13.9%	16.7%	27.3%	36.1%	34.1%	7.1%	46.9%	41.0%	33.6%
New Position (external to IWK)	13.9%	13.3%	13.6%	8.3%	9.1%	17.9%	6.3%	12.8%	11.2%
Relocation	8.3%	13.3%	13.6%	5.6%	4.6%	0.0%	9.4%	2.6%	0.7%
Non Return from Leave of Absence	19.4%	10.0%	4.6%	5.6%	4.6%	0.0%	3.1%	15.4%	7.7%
Education Reasons	0.0%	3.3%	0.0%	0.0%	2.3%	0.0%	0.0%	0.0%	2.1%
Deceased	.8%	0.0%	4.6%	0.0%	0.0%	0.0%	3.1%	0.0%	0.7%
% Turnover Employee Initiated	**100.0%**	**100.0%**	**95.5%**	**91.7%**	**93.2%**	**75.0%**	**78.3%**	**100.0%**	**88.1%**
Organization Initiated									
Probationary (Not Successful)	0.0%	0.0%	0.0%	2.8%	0.0%	0.0%	9.4%	0.0%	2.1%
Dismissed	0.0%	0.0%	0.0%	2.8%	6.8%	21.4%	6.3%	0.0%	7.7%
Layoff	0.0%	0.0%	0.0%	2.8%	0.0%	0.0%	6.3%	0.0%	2.1%
Position Eliminated	0.0%	0.0%	4.6%	0.0%	0.0%	3.6%	0.0%	0.0%	0.0%
Other, e.g. Obstetrics Transfer	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% Turnover Organization Initiated	**0.0%**	**0.0%**	**4.6%**	**8.3%**	**6.8%**	**25.0%**	**21.9%**	**0.0%**	**11.9%**

Labour Stability by Employee Group

	2009/10			2010/11				2011/12
Employee Group	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Service (CAW)	99.5%	99.0%	100.0%	98.1%	99.1%	98.6%	99.1%	98.6%
Clerical (NSGEU)	98.4%	98.8%	99.5%	98.9%	98.7%	99.2%	99.0%	98.5%
Medical Staff (IWK Payroll, only)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Management	97.2%	95.6%	99.1%	99.1%	97.4%	100.0%	96.4%	97.4%
Allied Health Care (NSGEU)	98.9%	99.1%	99.1%	98.8%	98.2%	98.6%	99.2%	99.2%
Nursing	98.5%	99.0%	98.6%	98.7%	99.1%	98.9%	98.8%	98.4%
Non-Union	98.8%	98.5%	99.4%	98.2%	96.3%	98.6%	97.8%	97.4%
Research	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
HITS NS	98.4%	100.0%	99.2%	96.8%	96.9%	100.0%	100.0%	100.0%

Staff Turnover Rate by Quarter Fiscal 09/10, 10/11, 11/12



Analysis

Turnover in this quarter remained low at 1.49% representing 39 employees, a slight increase from the rate for the same period in Q1 2010/11 (1.43%). This brings our one-year rolling average to 5.5% for the past 12 months.

It is interesting to note that all turnovers in this quarter were employee initiated. The trend towards higher numbers of retirements has continued in this quarter: there were 16 retirements this quarter, representing 41% of emplolyee initiated turnover. Other common reasons for employee initiated turnover were resignations (28%), relocation (15%), and new positions outside the organization (13%). It is important to note that retirements presented in this metric do not include those who return to the IWK after retirement to resume work in temporary or casual roles.

In order to better understand the reasons for turnover, an exit survey is sent to all employees who have left the IWK or have transferred into a new position. Since the survey was implemented in October 2008, we have seen a response rate of 62%. Over three quarters of responses (78%) have come from individuals who have left the company, while the remaining 22% were from those who transferred from one department to another. The majority of responses was from the Ops and Support department (35%) , followed by Children's Health (23%), Research (17%), and Women's Health (15%).

Recent exit survey results indicate that 80% were satisfied or very satisfied with their employment experience and that 83% think the IWK is a great place to work. While these results are encouraging, there is room for improvement, as departed employees expressed dissatisfaction in several areas.

Steve Ashton, Vice President, People and Organization Development

using resources wisely

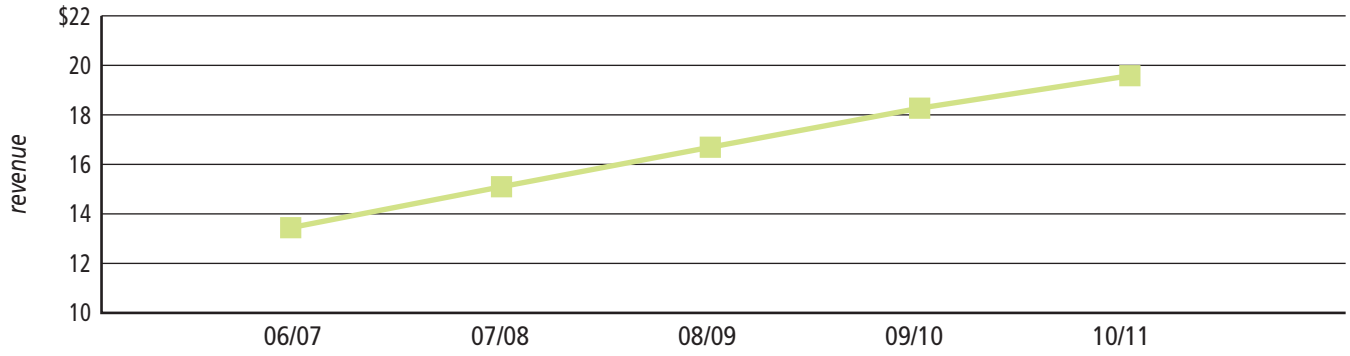
Key Performance Indicator

Rate of Revenue from Sources Other than the Department of Health

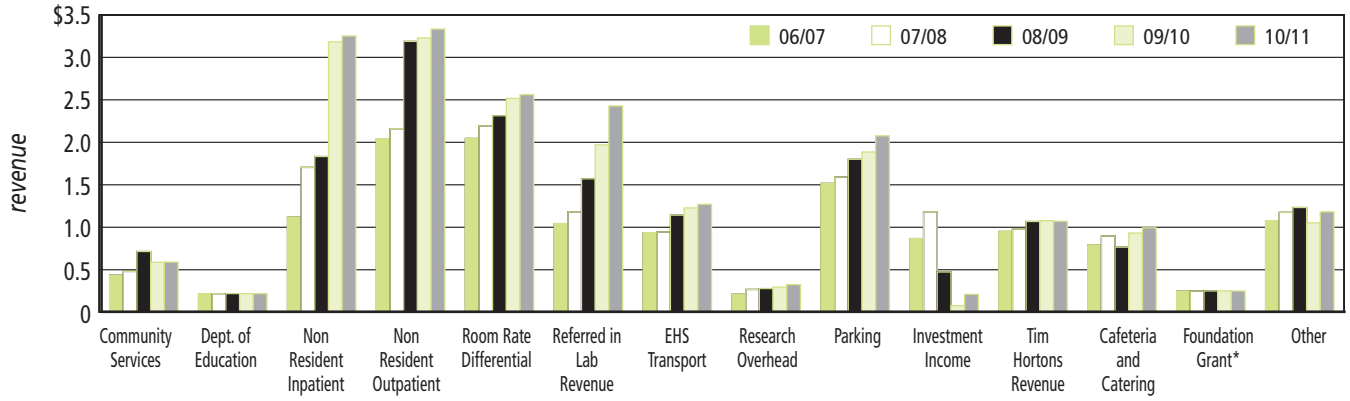
The current revenue from the Department of Health does not fully fund all operational and capital needs

Fiscal Year	2006/07	2007/08	% Change	2008/09	% Change	2009/10	% Change	2010/11	% Change
Revenue Other than DoH	$13,515,244	$15,236,033	12.73%	$16,843,296	10.55%	$18,503,415	9.86%	$19,757,915	6.78%

Rate of Revenue from Sources Other than Department of Health, 06/07, 07/08, 08/09, 09/10 & 10/11, in millions



Non Department of Health Revenue Trends



** The total Foundation Grant is $4 million - the portion directed to operations is $250,000, as noted in the above graph.*

Analysis

This represents the change in revenue from sources external to the Department of Health. Examples include revenue from non-resident patients, interest, Tim Horton's, parking, etc. The main factors contributing to the increase of 6.78% were increases in non-resident revenue, referred-in lab testing from other institutions, parking revenues and cafeteria & catering revenues.

Allan Horsburgh, Vice President / Chief Financial Officer, Operations & Support Services

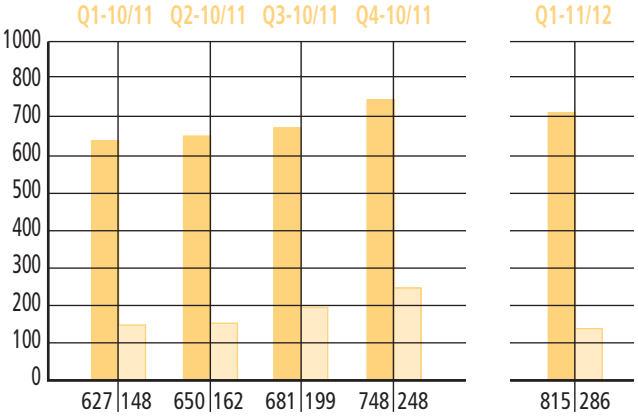
keeping patients safe

Key Performance Indicator

Rate of Adverse Event Reporting

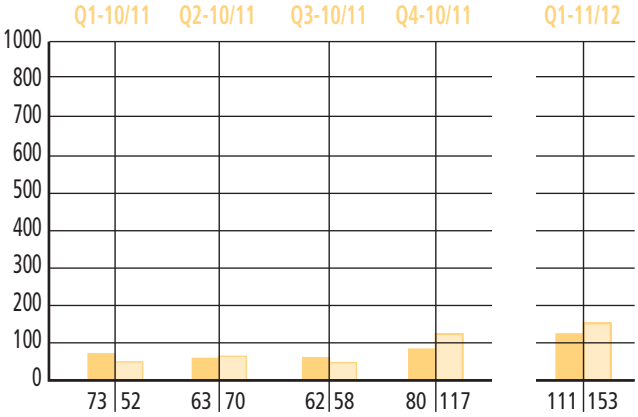
A culture of patient safety where all staff are comfortable identifying adverse events and reviewing patient safety practices results in the best care for patients.

Patient Related Adverse Event Reporting, Q1 2010/11 to Q1 2011/12



Actual Occurences (Q1-10/11 – Q1-11/12): 3,521
Near Misses (Q1-10/11 – Q1-11/12): 1,043

Other Adverse Event Reporting, Q1 2010/11 to Q1 2011/12



Actual Occurences (Q1-10/11 – Q1-11/12): 389
Near Misses (Q1-10/11 – Q1-11/12): 450

Patient Related Harm Severity Rating* – Q1 2011/12	# of Events	% of Events
A - Circumstances or events that have the capacity to cause harm	89	6.5%
B - An event that did not reach the patient	349	25.6%
C - An event occurred that did reach the patient but did not cause patient harm	374	27.4%
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	539	39.5%
E - An event occurred that may have contributed to or resulted in temporary harm to the patient and required intervention	13	1.0%
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	**1,364**	**100.0%**

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

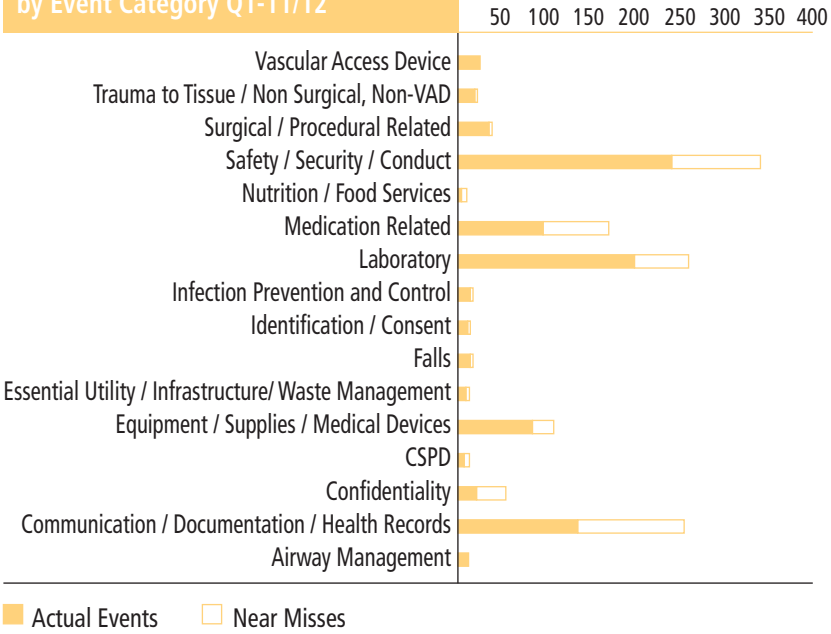
Adverse Event (AE): *An unexpected and undesired incident directly associated with the care and/or services that negatively affect the patient's physical and/or psychological health and/or quality of life.*
Adverse Drug Event (ADE): *A deviation in the medication use process or undesirable clinical manifestation 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 Q1-11/12



Adverse Events by Program/Area Q1-11/12

Program / Area	# of Actual	# of Near Misses	Total Events
Children's Health	268	117	385
Mental Health & Addictions	168	64	232
Women's & Newborn Health	307	135	442
Support Services & Administration	183	122	305
Total	**926**	**438**	**1,364**

Adverse Events by Program/Area Q1-11/12

Program / Area	% of Actual	% of Near Misses
Children's Health	69.6%	30.4%
Mental Health & Addictions	72.4%	27.6%
Women's & Newborn Health	69.5%	30.5%
Support Services & Administration	60.0%	40.0%
Total	**67.9%**	**32.1%**

Analysis

This quarter has once again seen an overall increase in the number of both actual and potential adverse events reported from the previous quarter. The number of reported actual events has increased by 11.8% overall (98 events) with potential events increasing by 20% (73 events). This increase in reporting of potential events is indicative of how we continue to build a culture of patient safety.

Harm related events (level E or higher) have increased by 2 events from the previous quarter. However, we have seen a 23.5% decrease in harm related events from the same time period in the previous fiscal year. This is in keeping with our strategic direction of keeping patients safe.

Lab related events have increased from the previous quarter. This is reflective in both actual and potential events reported. These events typically do not cause harm but do utilize additional resources to repeat/rerun lab procedures. The Quality & Patient Safety Team continues to monitor these trends for targeted improvement opportunities.

Communication/Documentation/Health Records related events have increased this quarter. In an effort to improve our telehealth system, we are now beginning to report, monitor, track/trend telehealth related issues which account for the increase in the number of reports within this category. We will continue to monitor and identify trends.

With the implementation of the fall prevention strategy in 2009, we continue to monitor, trend and report data related to this category. This quarter experienced a slight decrease in the number of falls reported. Falls of patient, staff and visitors continue to be reported from the ED Triage area due to a long standing fault line issue resulting in uneven floors. Falls from beds and chairs continue to be the most reported type of falls. The Quality and Patient Safety team will continue to monitor the data for targeted improvement opportunities.

Medication reporting has decreased by 6% (11 events) this quarter. Several improvement activities are planned or underway in an effort to continue to reduce medication related events i.e. medication reconciliation, Pixis medication delivery stations and implementation of smart pumps.

Equipment related events continue to rise this quarter primarily related to 3 types of equipment, ED monitors, Women's Newborn Health call bell system and anesthetic equipment in the OR's. Strategies are underway to address each of these issues.

The number one reported category continues to be Safety/Security/Conduct which has increased from the previous quarter data. Although the number of reports has increased in areas such as unsecured doors, self harm, and AWOLs, there has been an overall decrease in the number of aggression related events. This may be attributed to ongoing quality improvement initiatives that have been implemented within the Mental Health and Addictions Program such as safe surroundings workshops.

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

keeping patients safe

Key Performance Indicator

Rate of Spread of Best Practices in the Safer Healthcare *Now!* Campaign

One of the keys to reducing patient harm is an organizational commitment to spread best patient safety practices throughout all appropriate care delivery routes.

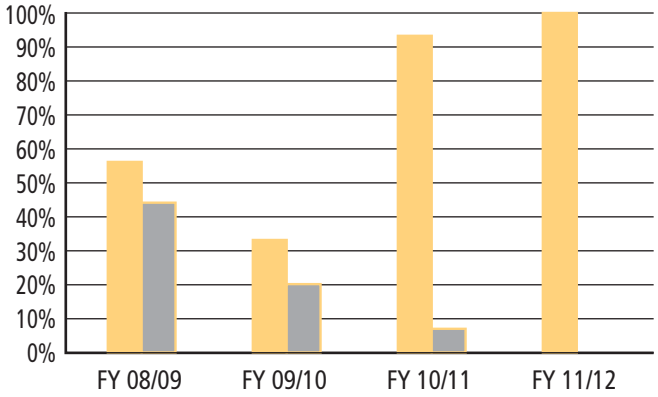
Medication Reconciliation on Admission Only

Safer Health Care *Now!* Campaign Medication Reconciliation Bundle	% of Spread Nursing Units – Admission Only	% of Nursing Units – Pending
FY 08/09 (9 units)	56%	44%
FY 09/10 (15 units – *6 add'l units added*)	33%	20%
FY 10/11	93%	7%
FY 11/12	100%	0%

Medication Reconciliation at all Transition Points

Safer Health Care *Now!* Campaign Medication Reconciliation Bundle	% of Spread Nursing Units – All Transition Points	% of Nursing Units – Pending
FY 08/09 (9 units)	0%	0%
FY 09/10 (15 units – *6 add'l units added*)	47%	20%
FY 10/11	93%	7%
FY 11/12	100%	0%

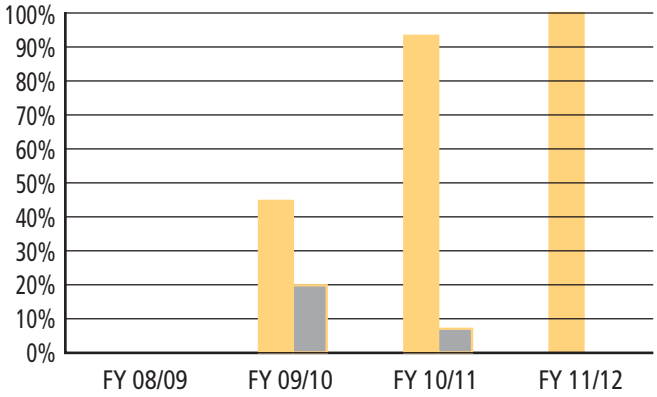
% of Nursing Units – Admission Only



% Nursing Units doing Medication Reconciliation on Admission Only

% Nursing Unit not doing Medication Reconciliation on Admission

% of Nursing Units – All Transition Points



% Nursing Units doing Medication Reconciliation at all transition points

% Nursing Units not doing Medication Reconciliation at all transition points

Analysis

It is a 'best practice' in patient safety to reconcile medications at all transition points (admission, transfer and discharge). The IWK enrolled in this Safer Healthcare Now! initiative in 2005 and as of September 2010, medication reconciliation has been spread to all nursing units and all transition points. During our May 2011 Accreditation Survey, surveyors commented "The IWK should be commended for a very innovative and effective process of medication management and delivery." Additionally, "All the Required Organizational Practices that pertain to the Medication Management Service have been adequately addressed and the organization has often included additional steps to ensure full compliance and strive beyond the requirements." The IWK has achieved 100% spread to all nursing units and 100% compliance at all transition points. The Rate of Spread of Best Practices in the Safer Healthcare Now! Campaign is now complete.

Mary-Ann Hiltz, Vice President Strategy and Organizational Performance

being the best teachers and researchers

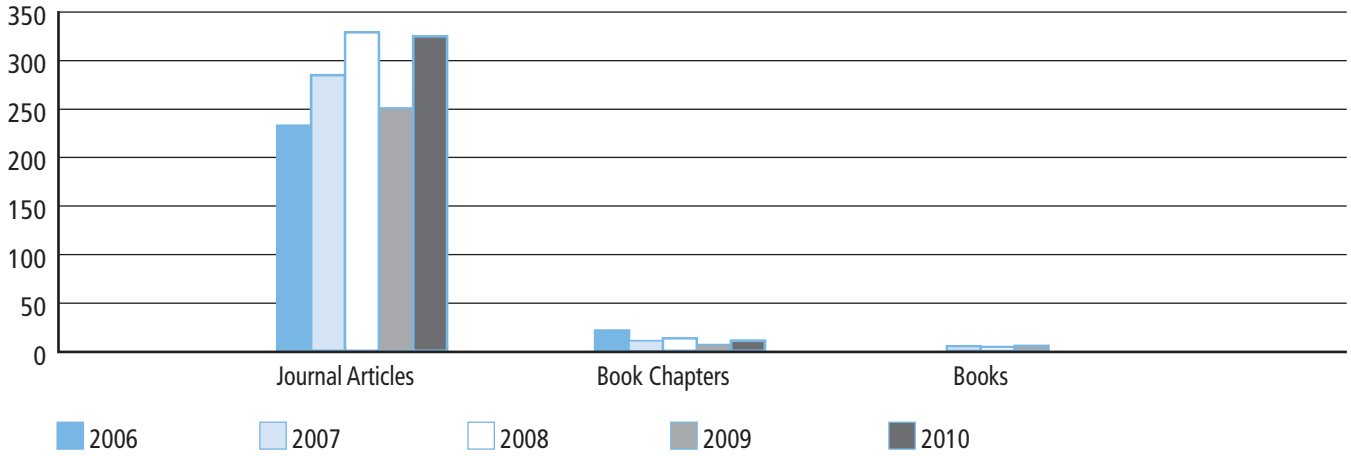
Key Performance Indicator

Evidence of Knowledge Generation and Translation

Health centres engaged in the research process are better able to translate advances into excellence in care for patients.

Activity	2006	2007	2008	2009	2010
Journal Articles	233	285	329	251	325
Book Chapters	22	10	14	7	12
Books	3	2	3	0	0

Journal Articles, Book Chapters, and Book Publications by IWK Researchers, for the years 2006-2010



Analysis

The IWK's Chief Librarian has conducted a systematic search of the International Science Index (ISI), using health-related databases for medicine (Medicine), nursing (CINAHL), and psychology (Psychlit) to identify publications authored or co-authored by IWK Researchers. The number of publications can vary from year to year. They are dependent on a number of factors such as study duration, funding, length of time to write results and submit for editorial review. There has been a 29.5% increase in Journal Articles (from 251 to 325) and 71.4% increase in book chapters (from 7 to 12) since the last reporting period - reflective of the significant work by our IWK Researchers. Although there were a number of publications submitted "in press" they are not included in these numbers. We have compiled this data from the IWK community, as part of our process of developing our annual publication list.

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.