

2004-2005 IWK HEALTH CENTRE
Report to the Community

BUILDING Better Care



Building Better Care

We welcome this opportunity to share the IWK's achievements and challenges as we strive to continuously "build better care" for the children, youth and women of the Maritimes. The theme for this year's Annual Report is in keeping with the physical improvements that we are making to the Health Centre; it is also reflective of our efforts to build effective organizational structures, responsive programs, applied knowledge through research and strong relationships – all with the goal of responding to the health needs of our Maritime community.

We are "building better care" through the physical renewal of our Children's Site on University Avenue in Halifax. The government of Nova Scotia is playing a very important role in rebuilding the physical framework of the IWK through the generous infusion of \$8.88 million during the 2004-2005 fiscal year for the redevelopment of the Health Centre's Children's Site. This is part of a total funding commitment of \$36 million from the province over the course of the next five years. As well, the IWK Foundation has identified fundraising for the Children's Site redevelopment as a priority,

and they are already well on their way to meeting their fundraising goal.

The redevelopment will entail the upgrade of patient care areas including new inpatient units, as well as improved perioperative facilities and outpatient care space. In keeping with our commitment to family-centred care, two special advisory groups, consisting of patients and family members, were created. This input will play an important role in rebuilding our framework while balancing the delicate pressures of increased volume and complexity of patient care.

We are "building better care" through research. Late last year, we officially opened our new Research and Clinical Care Building – effectively doubling our available research space at the IWK and reaffirming our academic mission and support for research on local, national and international levels. Similarly an exciting milestone was also reached for the life sciences research sector in Nova Scotia with Dalhousie University, Capital Health and the IWK joining forces to advance the Life Sciences Research Institute. Construction of this new world-class research facility will occur over time, in an area within minutes of the Health Centre.



"This past year has been one we can look back on with satisfaction because it... represents the start of a new chapter in IWK history..."

We are "building better care" by regularly evaluating what we do and looking for best practices to improve our operations. This past year we underwent our tri-annual accreditation process through the Canadian Council of Health Services. The visiting Accreditation survey team made recommendations for improvement in certain areas and commended all IWK staff for their great work and, in particular, their strong spirit of teamwork and exemplary commitment to the patients and families we serve.

We also engaged Corpus Sanchez, a well-regarded health services consulting agency, to undertake a formal operational assessment of all aspects of Health Centre operations -- both clinical and administrative. The findings and recommendations made by Corpus Sanchez will provide a solid foundation for future decision-making regarding operational issues and the allocation of precious resources.

We are "building better care" through new programs. The Nova Scotia Department of Health announced the infusion of \$4 million provincially towards provincial Autism programs, programs that the IWK will play a key role in developing and implementing. These programs will assist in the provision and delivery of assessment and care required by an increasing number of children with Autism Spectrum Disorder.

We are "building better care" by working together with our partners in health, health promotion, community services, education and the community. The IWK remains committed to building strong relationships with government, our communities, and our Maritime partners in care. To this end, we are pleased to announce the creation of the Primary Health Program – responsible for fostering a strategic leadership role for the IWK in health promotion and disease prevention related to the children, youth and women of the Maritimes.

We are "building better care" by anticipating our future and developing a long-term strategic plan for the IWK. Since May we have evaluated the organization's past performance and have anticipated the future. It is clear that we have accomplished a great deal. It is also clear that we have much work to do in the years ahead to advance the health and quality of life of children, youth and women of the Maritimes. The outcome of this planning process will be a clear and measurable blueprint for the future.

As we look forward to an exciting future, we acknowledge that this will also be a time of change. Reducing wait times to patient care services, attracting and retaining skilled health care professionals, balancing the appropriate allocation of resources and ensuring that we continue to remain responsive to the health care needs of our Maritime community are some of the issues requiring attention and focus throughout the years ahead.

This past year has been one that we can look back on with satisfaction because it represents not only the continuance of almost a century of excellence in patient care, but it also represents the start of a new chapter in IWK history, with new leadership, positive change and advancements in care and in our healthcare facility.

Thank you to all the dedicated IWK staff and volunteers who continuously strive to "build better care" for our Maritime community – your ongoing support and commitment will ensure its ultimate reality. We are extremely fortunate that the IWK remains rooted in a strong foundation of trust, commitment and dedication – to ensure the continued provision of quality health care. The future of the IWK is in very capable and caring hands and we know that the Health Centre will continue to be a treasured regional resource for the children, youth and women of the Maritimes.

Thank you.

Anne McGuire
President and CEO, IWK Health Centre

Maureen Reid
Chair, IWK Board of Directors



MEASURING PROGRESS | IWK Milestones of 2004/2005

Over the course of Fiscal 2004/2005

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The IWK successfully negotiates collective agreements with each of its bargaining units (NSNU, NSGEU Healthcare, NSGEU Office and Clerical, and CAW).

The IWK's Nursing Professional Practice Council completes its first year, providing organization-wide leadership for excellence in the professional practice of nursing.

The IWK supports learning experiences for many health professionals in training. For example, this past year, 325 nursing students were learners at the IWK, clocking 27,852 hours of learning.

Through a grant from the Capital District's Primary Health Transition Fund, the IWK Women's and Newborn Health Program, along with the Reproductive Care Program of Nova Scotia and family physicians initiate a project to develop primary maternity care alternatives that complement current services. The goal is to improve maternity care options for women.

CHILDREN'S HEALTH

"The IWK Children's Health Program provides integrated, interdisciplinary health services to Maritime and Atlantic children, youth and their families. Although the clinical focus is highly specialized care, the program also provides primary care services including illness prevention and health promotion activities.

One of the highlights of 2004/2005 was the funding announcement by the Nova Scotia Department of Health for a rehabilitation service for children and youth. Its first phase of development included the launch of the "On the Move" program, a five-day intensive program designed to promote independence and skill development in youth with disabilities. In *On the Move toward independence* (below) you will be introduced to some of those involved in the program, including one young man who learned a little bit about himself through the process."

— Jane Mealey, Vice President, Children's Health, IWK Health Centre

"On the Move" toward independence

"Adolescence is a crucial time for young people striving to develop a sense of independence. Some youth experiencing physical difficulties need support on their road to independence," says Heather Osborne-Vincent, Team Leader, Rehabilitation. In response, a Rehabilitation Services team, within the Children's Health Program, led the development of a program designed to help youth with physical disabilities manage the challenges they face in their day-to-day lives. In March of 2005, this week-long pilot program, named *On the Move*, welcomed its first group of eight 12 to 16-year-olds with various disabilities in an effort to help them develop the skills they need to function independently.

Making it happen

IWK staff representing several disciplines – including physiotherapy, psychology, occupational therapy, social work, child life and nursing – joined forces to help bring this special program to life. The result was a week-long adventure consisting of fun, innovative intervention programming to help youth with disabilities achieve their goals and further their independence.

"Those goals varied for each participant,"

says Barbara Kelly, IWK physiotherapist. "One wanted to make her own sandwich, another wanted to find out if he had the skills to drive, and yet another wanted to play soccer."

Making a connection

"It was great to be around people my age who have challenges similar to mine," says Keith Williams. Diagnosed with spina bifida and hydrocephalus five weeks before he was born, Keith, now 16-years-old, has been followed since birth by the IWK Spina Bifida Clinic. "I still keep in touch with some of the people that I met through *On the Move*. It is good to have people who understand what you are going through," he says.

Keith set out to achieve certain goals. "I wanted to be less shy and learn more about the rehabilitation driving program. I got to try a driving simulator and I find that I am a bit more self-confident after having taken part in the program."

Keith's mother noticed a change in her son too, particularly a greater sense of confidence. Other parents also noted that their children had changed thanks to the program. One parent remarked, "I can't believe this is my daughter. She is smiling all the time and she wanted to come back, even after the full, busy days!"



On the Move participant Keith Williams and Heather Osborne-Vincent, Team Leader, Rehabilitation

Making progress

On the Move would not have been a success if it weren't for the dedicated volunteers who helped the program leaders during the week. Students from Dalhousie University, student dance teachers, IWK staff as well as volunteers from other community partner groups gave of their time to help the participants reach the goals they set out to achieve. "I think that the results speak for themselves," says Barbara. "At the end of the week, the progress that the participants

made was measured and together they had achieved progress in 90 percent of their goals."

Plans are now underway to organize the next *On the Move* sessions for 2006. "The motivation for continuing the program comes from the many positive outcomes experienced by the first group of participants," says Heather. "When children with disabilities spend time together, they learn how much they can achieve and how much they have to offer."

CHILDREN'S HEALTH – FAMILY PROFILE

A special bond



THE PEACE FOLLOWING a perfect birth was shaken for Brigitte and Tim Fogarty of Moncton, New Brunswick, when doctors at the Dr. Georges-L. Dumont Hospital realized that something was not quite right with their new baby, Kaley. Physicians in Moncton placed a call to an IWK cardiologist and, through a

transmitted echocardiogram to the IWK, Kaley was quickly diagnosed with a condition affecting the proper functioning of her heart, called transposition of the great vessels.

Kaley needed surgery right away. Within hours of her birth, she was on her way to the IWK by air ambulance.

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SANTÉ DES ENFANTS – L'HISTOIRE D'UNE FAMILLE

Un attachement spécial

DÉTENDUS ET HEUREUX après l'accouchement sans problème de leur fille Kaley, Brigitte et Tim Fogarty, de Moncton, au Nouveau-Brunswick, n'ont pas goûté longtemps à ce bonheur sans nuage, les médecins de l'Hôpital Dr-Georges-L.-Dumont s'étant vite rendu compte que le bébé souffrait de quelque chose. Sans attendre, les médecins de Moncton ont appelé un cardiologue au centre de santé IWK et, en transmettant un échocardiogramme à l'IWK, ont rapidement pu établir un diagnostic : Kaley souffrait d'une malformation – appelée « transposition des gros vaisseaux » – qui empêchait le bon fonctionnement de son cœur.

Il fallait opérer Kaley au plus vite pour corriger le problème, et quelques heures à peine après sa naissance, elle était transportée par ambulance aérienne jusqu'à l'IWK.

La première opération

Après avoir passé quelque temps à l'Unité de soins pédiatriques intensifs (USPI) de l'IWK,

douze jours après sa naissance, Kaley était enfin en état de subir l'intervention à cœur ouvert. Mais alors même que l'équipe chirurgicale la préparait pour l'opération, le cœur de Kaley s'est arrêté de battre. Intervenant immédiatement, les médecins ont fait ce qu'il fallait pour la ressusciter et, pendant 20 minutes, l'un d'entre eux a massé le petit cœur entre ses doigts pour continuer à faire circuler le sang dans le corps du bébé.

Ayant réussi à stabiliser l'état de la petite, l'équipe chirurgicale a pu procéder à l'opération de Kaley pour réparer sa malformation cardiaque et pour lui implanter une sonde temporaire de stimulation qui devrait aider à réguler les battements de son cœur. Une fois l'opération terminée, Kaley est retournée aux soins intensifs, où un respirateur l'a initialement aidée à respirer, et où la nourriture et les médicaments lui étaient administrés par sonde. « Elle était si petite, se rappelle Brigitte, et la voir couchée là sous tous ces tubes était si pénible... Alors, quand elle a

[suite au haut de la page suivante]

May 2004

June 2004

July 2004

The IWK opens its new parkade on University Avenue to the general public. With a capacity of 570 vehicles, this new parkade will help alleviate some of the parking pressures around the IWK and help make visits to the Health Centre a little easier on patients and families.

The IWK Auxiliary's 2004 Kermesse raises more than \$100,000. These funds help support the Auxiliary's work in providing items of care and comfort for IWK patients and families.

Anne McGuire is appointed President and CEO of the IWK Health Centre. She joined the Health Centre in September 2004 at which point Dr. Alex Gillis resumed the position of Vice President, Professional and Academic Affairs.

A special bond [continued from previous page]

Kaley's first surgery

Kaley spent several days in the IWK's Pediatric Intensive Care Unit (PICU). Twelve days after her birth, she was ready for her open-heart surgery. But as the surgical team was preparing Kaley for surgery, her heart stopped beating and doctors immediately started to resuscitate her. One physician massaged Kaley's heart in his hands for 20 minutes to keep blood circulating throughout her body.

Kaley was eventually stabilized and the care team moved ahead with the surgery to repair her damaged heart, including implanting temporary pacing wires to help regulate her heartbeat. With the surgery behind her, Kaley returned to the PICU to recover, at first depending on a ventilator to help her breathe and tubes to feed her and deliver medications. "She was so tiny and to see her laying there under all those tubes and lines was so difficult," says Brigitte. "So when she started to wake up two weeks after the surgery, I can't even tell you how incredibly happy I felt."

Continuing care at home

As Kaley recovered, her care team ran a series of tests to ensure that her cardiac arrest and surgery had not caused damage to other major organs in her body. With one giant hurdle just behind them, Kaley and her family were about to face another as they were told that Kaley's kidneys were not functioning properly and she would require a transplant.

Brigitte and Tim spent the next two and a half weeks learning from IWK staff how to give Kaley the dialysis that she needed. While Kaley waited for a kidney transplant, dialysis would mean that she could go home. A day shy of six-

months-old, Kaley headed home for the very first time since birth.

"I went from being a mom to being a nurse," says Brigitte. "Kaley would spend 16 hours a day on dialysis, and she still needed to be tube fed and given 18 medications a day."

A cause for celebration

A kidney transplant was the next challenge facing Kaley. Fortunately for her, a donor match was close; on June 15, 2005, 17-month-old Kaley received another gift of life from her mother – a kidney.

Experiencing these health challenges with their daughter has given the Fogartys a new outlook on life. "The little things that we used to get so upset over just don't matter anymore. I urge everyone to sign their organ donor cards." Kaley will need to have up to three more kidney transplants as her body grows.

"I find it difficult to put into words the way we feel about the people at the IWK. After her transplant, doctors who had performed her cardiac surgery over a year ago came to check on her," says Brigitte. "The staff on 6-North [inpatient unit] are our new family. They treat these children like they are their own. And they don't just care for the kids; they took care of me, my husband and other members of my family." Kaley's mom extends a special thank you to IWK nephrologists Dr. Philip Acott and Dr. John Crocker.

On July 28, 2005, Brigitte was preparing for another important milestone for Kaley. The following day she would be going home, having recovered well from her kidney transplant surgery. "We're having a big party when we get home. We have so much to be celebrating," says Brigitte. "There isn't anything that Kaley can't achieve. She is a normal little girl and will lead a very full life."

Un attachement spécial [suite]

commencé à se réveiller deux semaines après l'opération, je ne peux même pas décrire l'incroyable bonheur que j'ai ressenti. »

Les soins ont continué à la maison

Quand Kaley s'est mise à aller mieux, son équipe soignante a fait une série de tests pour s'assurer que son arrêt cardiaque et l'opération n'avaient pas causé de dommages à d'autres organes importants. La plus importante des épreuves pour Kaley et sa famille avait été surmontée, mais il allait falloir en affronter une autre. En effet, comme on le leur apprit, les reins de Kaley ne fonctionnaient pas convenablement.

Conscients du fait que les membres de la famille d'un patient ont un rôle majeur à jouer au sein de son équipe soignante, Brigitte et Tim ont alors passé les deux semaines et demie suivantes à apprendre, auprès du personnel de l'IWK, comment administrer le traitement de dialyse dont Kaley avait besoin pour survivre. En attendant qu'on puisse lui faire une transplantation rénale, elle dialyses permettraient à Kaley de rentrer chez elle tout en continuant ses traitements. Et, un jour avant ses six mois, la petite Kaley a vu sa maison pour la première fois depuis sa naissance.

« De maman, je suis devenue infirmière, raconte Brigitte. Je n'arrivais plus à accorder à mes autres enfants l'attention qu'ils méritaient, tellement Kaley était malade. La dialyse prenait 16 heures par jour et il fallait encore toujours nourrir Kaley par sonde, sans parler des 18 médicaments à lui donner tous les jours. »

De quoi se réjouir...

Pour Kaley, l'épreuve suivante était la transplantation rénale. Avec un nouveau rein, elle dépendrait moins de son régime de médicaments et de dialyses. Heureusement pour elle, il y avait

un donneur compatible pas loin... et c'est ainsi que, le 15 juin 2005, pour la deuxième fois, Brigitte a « donné vie » à sa petite fille de 17 mois, en lui donnant un de ses reins.

Les défis que les problèmes de santé de leur fille les obligent à relever ont changé l'attitude des Fogarty face à la vie. « Toutes ces petits riens qui nous mettaient dans tous nos états n'ont simplement plus d'importance maintenant, déclare Brigitte. J'encourage vivement tous les gens à signer leur carte de donneur d'organe. » Kaley devra subir jusqu'à trois autres transplantations rénales au cours de sa croissance.

« Il m'est difficile d'exprimer en paroles ce que je ressens à l'égard des gens qui travaillent à l'IWK, déclare Brigitte. Après la transplantation rénale, les médecins qui avaient opéré Kaley pour sa malformation cardiaque il y a plus d'un an sont venus voir comment elle allait. Les membres du personnel de la section 6 – Nord [le Service des malades hospitalisés] forment comme une nouvelle famille pour nous. Ils prennent soin des enfants qui sont là comme si c'était les leurs. Et ils ne s'occupent pas seulement des enfants; ils se sont aussi occupés de moi, de mon mari et des autres membres de notre famille. » La maman de Kaley tient à remercier tout spécialement le Dr Philip Acott et le Dr John Crocker, deux néphrologues qui travaillent à l'IWK.

Le 28 juillet 2005, Brigitte se préparait pour une autre importante étape pour Kaley. Sous les yeux de sa fille, dans leur chambre de la section 6 – Nord, elle emballait les choses qui leur appartenaient; car, le lendemain, Kaley rentrerait chez elle, s'étant bien rétablie de sa transplantation rénale. « Nous avons prévu une grande fête pour dimanche, a dit Brigitte. Nous avons tellement de choses à célébrer! Il n'y a rien que Kaley ne puisse pas faire ou réaliser dans l'avenir. C'est une petite fille normale qui aura une vie bien remplie. »

2004/2005 Financial Statements

Summary Statement of Operations

Year Ended March 31, 2005

(in thousands of dollars)

Revenue	2005	2004
Department of Health	140,153	130,962
Department of Community Services	2,471	2,485
Other	5,787	5,957
Foundations	150	150
	148,561	139,554
Expenses		
Children's Health	43,196	40,997
Women's and Newborn Health	34,391	33,215
Child and Adolescent Mental Health	13,016	10,808
Professional and Academic	4,717	4,424
Administration and Support	50,943	48,439
	146,263	137,883
Net Income (Loss) from Operations	2,298	1,671

Summary Balance Sheet

Year Ended March 31, 2005

(in thousands of dollars)

Assets	2005	2004
Cash and Term Deposits	28,616	23,164
Receivables and Prepaids	21,867	20,475
Inventories	1,107	1,220
Property and Equipment	120,507	116,752
	172,097	161,611
Liabilities		
Payables and Accruals	19,838	19,087
Provincial Plan, Advance Payment	5,280	5,084
Retirement Allowances	9,968	9,138
Facilities Loan Payable	14,973	15,446
Appropriations and Reserves	16,816	6,464
	66,875	55,219
Equity	105,222	106,392
	172,097	161,611

A year end transfer from operations to capital resulted in a balanced operating position in each of the last two fiscal years. Statutory financial statements, as reported on by the IWK Health Centre's auditors, Grant Thornton, are available in the office of the Vice President of Operations and Support Services. Some of the comparative figures have been reclassified to conform with the financial presentation for the current year.

August 2004

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Dr. Matthias Schmidt is appointed Head of the Department of Diagnostic Imaging.

The IWK's new Medical Day Unit on the main floor of the Health Centre's Children's Site opens to patients. The unit is home to the Gastroenterology and Rheumatology teams as well as new Medical Day Treatment space.

The IWK's Children's Health Program reorganizes to improve care delivery. This change resulted in the creation of three major care groupings: Children's Perioperative, Emergency and Critical Care; Children's Surgical, Neurosciences and Rehabilitation Care; and Children's Medical Care.

Dr. Herbert Orlik is appointed Chief of Psychiatry within the IWK's Child and Adolescent Mental Health Program.

IWK Children's Site Redevelopment project underway



An aerial view of the IWK Health Centre with University Avenue in the foreground

The Children's Site facility at the IWK was constructed in the late 1960s when standards and practices in health care were quite different than they are today. While care has changed, the physical environment at the IWK has not kept pace.

To align the physical structure of the IWK Children's Site with the Health Centre's

commitment to excellence in family-centred patient care, in the winter of 2004/2005, the IWK launched a five-year project to build better care for its patients and families through redeveloped patient care areas within the Health Centre's Children's Site.

"This project reaffirms the IWK's commitment to continually evolve to provide

the best possible care for our region's children, youth, women and families," says Anne McGuire, President and CEO, IWK Health Centre. "It is our hope that the redevelopment of existing patient care areas and the addition of new care space within the Children's Site will provide a more comfortable care environment that at the same time supports the IWK's focus on learning and harnessing improved health care technologies."

Priority areas

The IWK Children's Site Redevelopment project includes the construction of 48,000 square feet of new space, as well as the renovation and retrofitting of 160,000 square feet of existing space. The new space will include an inpatient care addition over the existing Link building to create the 6th/7th floors of the Link. The three Children's Site project priority areas include the redevelopment of:

- **inpatient units** – care units for patients staying overnight;
- **perioperative facilities** – operating rooms, a recovery room and day surgery space; and
- **ambulatory care space** – outpatient or clinic space.

Funding for the project

The redevelopment of the Children's Site is expected to cost approximately \$48 million over five years. In December 2004, the government of Nova Scotia announced their commitment of \$6.48 million in the 2004/2005 fiscal year for this redevelopment. This \$6.48 million represents part of a total commitment of \$36 million from the Department of Health to the Children's Site Redevelopment project over the next several years. The rest of the project costs (25 per cent or \$12 million) will come from fundraising efforts coordinated by the IWK Health Centre Foundation. The Foundation is already well on the way to reaching this fundraising goal.

"We appreciate that major construction projects like the Children's Site Redevelopment can cause some disruption for our patients, their families and visitors, as well as IWK staff and volunteers," says Anne. "Without everyone's support, cooperation and flexibility, this project wouldn't be possible. Once complete, the new IWK Children's Site will be a facility of which we can all be proud. To all those who visit our facility, thank you for bearing with us through this important project!"

Family Advisory Committee members needed

To help ensure that the Children's Site Redevelopment provides spaces that are responsive to the needs of the families who visit the IWK, the Health Centre has established two special committees – one made up of children and youth who have been or are currently patients at the IWK and the other made up of parents or close family members of young patients. These groups will provide important input on the design of new and improved patient care areas at the Health Centre.

If you are interested in participating in either of these committees, please contact Kathy McKay, IWK Facility Planning, by calling the Health Centre at (902) 470-8888.

A YEAR IN THE LIFE OF THE IWK

April 1, 2004 – March 31, 2005

Employees of the IWK	2,753
Tests completed by our labs	1,098,800
Number of babies born	4,614
Visits to IWK Women's Health Community Clinics	540
Air transports completed	167
Visits to Children's Emergency	26,422
Poison Centre assessments	9,591
Funded research at the IWK last year	\$11 million



September 2004
The 2004 Dr. Richard Goldbloom Lecturer: Dr. Karin Nelson, Acting Chief, Neuroepidemiology Branch, Clinical Neuroscience Program, Division of Intramural Research at the National Institute of Neurological Disorders and Stroke in Bethesda, Maryland, presented "Cerebral Palsy is Preventable." Sessions with residents and staff from across IWK program areas were hosted.

October 2004
The Life Sciences Research Institute, a partnership of Dalhousie University, Capital Health and the IWK Health Centre, is established.

November 2004
The Maritime Medical Genetics Service at the IWK relocates to its new office and clinical space on the 5th floor of the Health Centre's new Research and Clinical Care Building.

The IWK celebrates the official opening of the new Gallery, parkade and clinical care areas within its new Research and Clinical Care Building.

CHILD & ADOLESCENT MENTAL HEALTH

“The IWK’s Child and Adolescent Mental Health Program serves Maritime children and youth up to the age of 19. The past year has been a busy one for the Program as demand for services has steadily increased. Fortunately, the Mental Health Program has also seen expansion in several care teams. And the Health Centre has taken steps to evaluate the structure of mental health services to ensure the most efficient care possible within available resources. In Reinforcing the framework (below), you will learn about some of the changes that have been implemented to ensure a solid foundation for continued quality mental health care for Maritime children and youth.”

— Susan Mercer, Interim Vice President, Child and Adolescent Mental Health, IWK Health Centre

Reinforcing the framework

With wait times for certain elective mental health services increasing, during the past year, the IWK’s Child and Adolescent Mental Health Program carried out a review of its patient intake procedures (Central Referral Service), as well as an evaluation of its outpatient services, including Maritime Psychiatry, Forensic Services (providing mental health care to children and youth in the justice system) and its community mental health clinics located in Dartmouth, Sackville and Halifax. This review was conducted through several lenses, including resource allocation, wait lists, and specific supports provided. As a result, several exciting changes are being implemented.

Meeting a growing demand

Central Referral receives all requests for services for the Child and Adolescent Mental

Health Program – these can be received from health professionals or individuals who refer themselves. To better manage patient intake procedures and ensure those who need critical care receive it in as timely a way as possible, updates to the Central Referral Service are being made. These changes include the introduction of a computerized, standardized phone interview process for triaging patients referred to the Program.

Evolving the format of service delivery

The IWK’s Child and Adolescent Mental Health Program is helping to manage wait times by providing more group care for both patients and their families, where appropriate. In groups, more patients and families can receive the care they need in a timely way.

Working with the community

The IWK Mental Health Program is working to enhance its community connections with organizations like Phoenix Youth Programs, Laing House, and Choices (addiction services for youth), to help disadvantaged youth in need of mental health support get the assistance they need.

Most recently, funding from IWK Research Services has enabled the start-up of an exciting joint venture between the IWK’s Child and Adolescent Mental Health Program, Dalhousie University and Phoenix Youth Programs. “Youth Matters” is a research project exploring the mental health needs of homeless youth. Phase one of this project has been completed and the second phase is set to get underway in the fall of 2005.

Expanding the team

With a growing number of patients accessing a growing number of services, the IWK Mental Health team has sought to expand staffing levels in order to efficiently provide these services. In the past year, three new psychiatrists have joined the team.

“We are extremely pleased that our significant efforts in recruiting child and adolescent psychiatrists have paid off with the recent addition of three new members to our psychiatry team,” says Susan Mercer, Interim Vice President, Child and Adolescent Mental Health, IWK Health Centre. “It is our intention that these valuable new resources will reduce wait times for our patients and increase the opportunity for our team to provide expanded services. And, of course, our recruitment efforts will continue.”

CHILD & ADOLESCENT MENTAL HEALTH – STAFF PROFILE

Passionate about providing quality mental health care

ELEVEN YEARS AGO, Darren Tolliver made his way home to Nova Scotia, where he began a journey in the delivery of mental health care and support to children with very special needs. Darren became a youth care worker with the IWK Children’s Response Program (CRP) – a long-term, residential treatment program for children in Nova Scotia with severe chronic conduct disorders. Darren’s role was to work one-on-one with these children and to respond to their delicate and complex needs.

Today, Darren leads the CRP team of approximately 50 staff who are responsible for this care – while balancing other administrative duties including budget management and risk management.

In his leadership role, Darren’s interactions with the children are more limited but his passion for the job remains strong. “I love being part of the development of these children and helping them to overcome adversity and challenges,” he says. “On a daily basis, I gain tremendous appreciation for the resilience of these children and their families.”

Children are referred to the program by a child care agency, with the average length of stay being one year. The care provided is tailored to the specific needs of each child. Care focuses on general life skills, anger management, social skills training and therapeutic recreation.



Darren Tolliver, Team Leader, IWK Children’s Response Program

Currently, there are 15 children in CRP which puts it at full capacity. Looking back 11 years ago when Darren first began, the program had only one child. Typically, CRP provides care

to children ages six to 12, and provides a homelike environment through apartment style living. Some children attend outside schools, although there is a teacher on staff for those

children who are unable to go out to school. Ultimately, the goal is to transition all children back into the community.

When asked about the biggest highlight of the job, Darren quickly focuses on the children. “One of the greatest rewards is when they come back as young adults to say thank you,” he says. “To watch these kids develop and overcome their challenges is so gratifying.” However, says Darren, there is the reality too that not all children are able to overcome their challenges and that some of these children require ongoing support as they get older.

Because of his tireless commitment, Darren’s work with CRP doesn’t always stop at the end of the day. He admits that it is often with him when he goes home to his wife and three daughters. “CRP is in my blood; it’s been my baby,” he says. When not working, Darren, who lives in East Preston, enjoys spending time with his family, especially weekend get-a-ways to the campground during the summer.

Over the years, Darren has enjoyed watching the IWK’s mental health team grow and has been excited to be a part of this growth. He feels optimistic about the future of mental health services and looks forward to continuing to play a part in its ongoing growth and development.

December 2004

January 2005

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The Nova Scotia government commits \$36 million over five years for the IWK Children’s Site Redevelopment project.

The IWK receives funding from the Nova Scotia Department of Health to purchase a new Multi-Slice CT Scanner.

The IWK engages Corpus Sanchez to conduct an operational assessment for the Health Centre, to review activities, compare to best practices, and identify initiatives to become more efficient and effective in the provision of excellent patient care (subsequent to the 2004/2005 fiscal year end, recommendations are being reviewed and, where appropriate, implemented).

Dr. Alex Gillis, Vice President, Professional and Academic Affairs at the IWK, is appointed to the Health Council of Canada. The Health Council reports to Canadians on the status of health care renewal and reform.

WOMEN'S & NEWBORN HEALTH

"The IWK Women's and Newborn Health Program provides care to women throughout the life span, newborns and their families. An important part of the Program's mandate is providing health promotion and illness prevention services for women, such as the Women's Health Community Clinics. During the past year, Women's and Newborn Health continued to make inroads into Halifax-area communities, providing women with care closer to home. In *Caring in the community* (below), you will be introduced to the services provided by these clinics and how they help break down the barriers to quality health care."

— Barbara Hawley, Vice President, Women's and Newborn Health, IWK Health Centre

Caring in the community

Sandra Storey knows the importance of educating women about their health. As a nurse practitioner within the Women's and Newborn Health Program, Sandra travels among community-based Women's Health Clinics run by the IWK throughout the Halifax Regional Municipality to provide women with primary health care close to home.

Through the efforts of employees like Sandra, the Program has been working with partner communities and organizations to break down the barriers that prevent many women from accessing basic care, including pap tests and breast exams.

The IWK's Women's Health Community Clinics are located at the YWCA in Halifax, and as part of a business centre in East Preston. Most recently, clinics have been added in Dartmouth and North Preston.

"By going out into the community, we break down the barriers to health care that many women face, such as transportation issues or an apprehension about visiting a hospital clinic,"



Phyllis Brooks and Sandra Storey, Nurse Practitioner, Women's and Newborn Health

says Sandra. "In the community clinics I'm able to provide women with diagnostic testing services, while assessing their general health."

Sandra works collaboratively with a female family physician. She is also able to refer women to a dietician or mental health professional, should they need specialized care. "Having access to so many different professionals allows me to provide the women who visit the clinics

with comprehensive health care."

Phyllis Brooks was the first patient to visit the Women's Health Community Clinic in East Preston when it opened on October 9th, 2001. "It is good to have this clinic right here in my community. I don't have to find a way to travel all the way into the city to be taken care of," she says. "The care here is excellent. I couldn't ask for better."

Additional clinics are being considered for several sites, including Halifax-area high schools. It is hoped that visiting the schools will provide young women with a comfortable setting in which to think and talk about women's health issues.

"Health care is about health promotion," says Sandra. "Taking away the intimidation of the institution and challenging the thinking that only sick people go to the IWK allows me to help women by providing them with the care they need. Working in partnership with community organizations to help meet the health needs of women is both a challenging and rewarding experience. My hope is that more women will learn of these clinics and turn to us for help in protecting their health."

For more information about the services offered at the IWK Health Centre Women's Health Community Clinics and/or to book an appointment at any location, please call (902) 470-6755.

WOMEN'S & NEWBORN HEALTH – FAMILY PROFILE

Providing quality care to international patients



Aayush Sharma with his mother, Aditi, and grandmother

ORIGINALLY FROM INDIA, Aditi and Amit Sharma settled in Bermuda soon after they were married. In the spring of 2005, the couple was preparing for the birth of their first child when their plans took an unexpected turn. At just 25 weeks of pregnancy, Aditi went into labour delivering her son Aayush more than 10 weeks early.

From Bermuda to Halifax

Weighing just one pound nine ounces at birth, Aayush needed the special care that only a centre specializing in complex care could provide. Through a partnership with Bermuda that enables the IWK to receive and care for infants from that region in need of critical care, Aayush was rushed to the IWK from Bermuda by air ambulance within 48 hours of his birth. "It was quite confusing and scary," says Aditi. "I had worry and fear about what would happen. Our only comfort was knowing that once he reached the IWK, Aayush would have better care."

Upon his arrival at the IWK, Aayush was admitted to the Neonatal Intensive Care Unit

(NICU). The NICU cares for newborns in need of critical care. At first, Aayush had to be ventilated in order to help him breathe, as his immature lungs continued to develop. And, as he had not yet developed the ability to suck, Aayush initially needed to be tube fed. Still, Aayush's mom was able to remove him from his incubator to cuddle him and provide much needed skin-to-skin contact.

And home again

With his mom and grandmother close by his side and an outstanding care team in the NICU watching over him, Aayush has steadily been building strength. By August 2005, his family was preparing to return home to Bermuda. Aditi is grateful for the care that the IWK has provided for not only her baby, but her entire family. "Aayush has received the best possible care. We have been looked after wonderfully," she says. "I would rather have Aayush here in Halifax than anywhere else in any part of the world. The IWK is the best. To us, the IWK is a miracle of life."

February 2005

The Read to Me! Nova Scotia Family Literacy Program receives \$160,000 in new funding from the IWK Health Centre Foundation's External Grants Program, the Halifax Youth Foundation and a private organization.

IWK nurses and other stakeholders meet with an internal survey committee reviewing the Chief of Nursing Office. The survey results identified issues and challenges facing the Chief of Nursing role and helped drive recommendations on how to enhance the Chief of Nursing role and the support for professional nursing practice at the IWK.

The President of the Institute of Family-Centred Care, Beverly Johnson, visits the IWK to assist the Health Centre in a review of its family-centred care commitment.

The IWK Psychology team launches a year-long series of free community information sessions on children's mental health topics, including eating disorders, non-verbal learning disabilities, anxiety and fears.

Making world-class discoveries right here at home



Dr. Scott Halperin, appointed Canadian Institutes of Health Research/Wyeth Clinical Research Chair in Vaccines

In partnership with Dalhousie University, the IWK has built a world-class reputation for excellence in research and has established the largest health centre research facility in Atlantic Canada.

This commitment to excellence was demonstrated this year with the appointment of Dr. Scott Halperin as one of two Canadian Institutes of Health Research (CIHR)/Wyeth Clinical Research Chairs in Vaccines for his work in establishing the Canadian Centre for Vaccinology in Halifax, a joint project of the IWK Health Centre and Dalhousie University Faculty of Medicine. Dr. Halperin is head of the Division of Pediatric Infectious Diseases at the IWK and a Professor of Pediatrics and Associate Professor of Microbiology and Immunology at Dalhousie University. He is also the Director of the Clinical Trials Research Centre.

Dr. Halperin's vision for the Centre for Vaccinology is to develop, evaluate and assist in the implementation of vaccines for diseases that cause health problems world-wide. "My main task over the next five years will be to facilitate collaborations amongst our current researchers and expand collaborations by co-opting intellectual and research capabilities and capacity of other local researchers," says Dr. Halperin.

"The CIHR/Wyeth Clinical Research Chair award will allow me to encourage and facilitate the expansion of the work undertaken by the Clinical Trials Research Centre with a focused interest in respiratory vaccines for children and adults, vaccines for the elderly and vaccines for special populations such as pregnant women."

The Centre for Vaccinology is being established onsite at the IWK within its new Research and Clinical Care Building.

"The IWK congratulates Dr. Halperin on this significant achievement and we look forward to the many exciting initiatives that will come out of the Centre," says Dr. Bob Bortolussi, IWK Chief of Research. "Through the Centre for Vaccinology and the other Centres planned for the new research space – including the Chemoinformatics and Drug Discovery Laboratory led by Donald Weaver, David Byers and Chris McMaster – the IWK is poised to be a leader in some exciting developments in health research. It is through many of these efforts that caregivers at the IWK are able to diagnose and treat the region's children, youth and women in need of our care."

Dalhousie University and the IWK Health Centre: Partners in Teaching, Research and Leadership

DALHOUSIE UNIVERSITY and the IWK Health Centre share more than just a boulevard on University Avenue in Halifax; they proudly share a strong tradition of teaching, research and leadership. These Maritime institutions work together to provide an environment that blends academic and clinical work. Teaching and research are important elements of the IWK's mission as stated in the Health Centre's strategic plan. Partnering with Dalhousie University helps achieve these strategic goals.

Through affiliation agreements with Dalhousie's Faculty of Health Professions and Faculty of Medicine, the IWK provides clinical teaching for more than five hundred students each year. This partnership is key in the education of physicians, nurses and other health care professionals in areas such as pediatrics, pharmacy, social work, physiotherapy and occupational therapy, providing hands-on learning experiences that take students beyond the classroom.

IWK physicians hold cross appointments with the Dalhousie Faculty of Medicine, acting as clinicians in the Health Centre and teachers in the Medical School. Many IWK nurses and other health professionals also wear both clinical and teaching hats. In addition, both Dalhousie and the IWK encourage life-long learning and many of the IWK's health care professionals are involved in graduate studies at the university. The Dalhousie Faculty of Medicine is also represented at the IWK through the appointment of the Dean of



DALHOUSIE UNIVERSITY

Inspiring Minds

the Faculty, Dr. Harold Cook, to the Health Centre's Board of Directors.

Collaborative research initiatives have earned Dalhousie and the IWK an international reputation for research excellence. This year the Health Centre celebrated the opening of the new Research and Clinical Care building which will enhance the joint research efforts of Dalhousie and the IWK. Dalhousie and IWK researchers have already been successful in securing grants to fund new laboratory space and other state of the art facilities within this new building.

Together, Dalhousie and the IWK offer an attractive learning and research environment that encourages highly skilled health care professionals to practice in the Maritimes. The support of Dalhousie University as a key partner in teaching and research is vital to the quality care the IWK delivers to the region's children, youth and women.

Thank you

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IWK Health Centre

IWK Health Centre Board of Directors (as of March 31, 2005)

The IWK Health Centre Board of Directors provides community-based guidance and leadership to the organization. As directors of a publicly funded organization, the IWK's Board of Directors is accountable to government and the Maritime community and represents the community's interests and perspectives to the Health Centre. The Board works closely with the Health Centre's President and CEO, Anne McGuire, in establishing the Health Centre's policy framework and its strategic directions.

Maureen Reid, Chair, Halifax, NS
Wendi Bacon, Halifax, NS
Dr. Harold Cook, Halifax, NS
Sarah Dennis, Halifax, NS
Jane Filbee, Glen Haven, NS
Phil Gaunce, Halifax, NS
Dr. Alex Gillis, Halifax, NS
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Sarah MacDonald, Halifax, NS
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Cathy Walls, Halifax, NS
Gail Walsh, Dalhousie, NB
Kim West, Bedford, NS
Dr. Ken Wilson, Halifax, NS
Clotilda Yakimchuk, Sydney, NS
Dr. David Young, Halifax, NS

March 2005

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Drs. Peter and Carol Camfield receive the IWK Research Award, given to IWK researchers who distinguish themselves by demonstrating their commitment to the Health Centre's mission, vision and values.

The IWK Reproductive Mental Health service within the Women's and Newborn Health Program celebrates the launch of its enhanced service for pregnant or postpartum women experiencing depression, anxiety disorders, high risk obstetrical difficulties, perinatal loss, the impact of prior trauma on obstetrical care and broader adjustment issues.

SUBSEQUENT TO THE 2004/2005 FISCAL YEAR END

Spring 2005: With its existing strategic plan set to expire in 2005, the IWK embarks on a strategic planning process to develop a new strategic plan for the Health Centre.

May 2005: The Canadian Council of Health Services Accreditation Survey team pays a successful visit to the IWK as part of the Health Centre's 2005 accreditation process. The IWK is awarded full accreditation, with follow-up required in just two areas: the Health Centre's medication administration system and disaster preparedness.

June 2005: Anne Cogdon is appointed Director of Primary Health for the IWK. This is a new role at the IWK; Biggs & Littles, a new gift shop at the IWK run by the Health Centre's Auxiliary opens in the IWK

Gallery; In partnership with the IWK Health Centre and Capital Health, Dalhousie University's School of Nursing hosts its 2005 Nursing Research Conference. IWK nurses presented 13 of the 24 sessions and three of five poster displays.

Summer 2005: IWK Researchers Dr. David Byers and Dr. Robert Bortolussi are jointly awarded the Canadian Paediatric Society's (CPS's) Sanofi Pasteur Research Award, and Dr. KS Joseph is awarded the CPS's Geoffrey C. Robinson Award for population research. In addition, Dr. Patrick McGrath, a psychologist at the IWK, is appointed to the Canadian Institutes of Health Research Governing Council.