REACHING HIGHER

IWK Report to the Community 2015/2016



Leadership Message

We are pleased to introduce the IWK Health Centre's 2015-16 annual report – **Reaching Higher.** Every day at the IWK our exceptional team delivers high quality care in the health centre and across the region.



The work that has taken place over this past year has positioned us to provide strong leadership in growing the region's health sciences sector, advancing research excellence, supporting patient care and ultimately achieving better health outcomes. By **reaching higher** we are ready to address the changing needs of our patient populations, and are firmly committed to working with our partners to implement innovative health solutions.

The stories on the following pages are merely a few of the highlights that demonstrate our focus on setting direction through strategy. We spent significant time over the last year working to build a new strategic plan for the IWK that will guide us to 2020. The plan, Aspire, was developed through thoughtful reflection and engagement from our health system partners across the region, our community partners, our staff, our IWK Foundation partners, our stakeholders and most importantly the patients and families we serve. Aspire signals an exciting move forward where our passion and leadership, expertise and influence will have a profound impact. We are proud of our accomplishments of the last year and are incredibly excited about what is to come.

Our people are the reason the IWK is the renowned organization it is today. The exceptional work of staff, physicians and volunteers enables us to reach higher together as we strive to fulfill our new mission: to passionately pursue a healthy future for women, children, youth and families. It is a privilege and an honour to work alongside this outstanding team and our crucial partners as we transform care today, and into the future.

Tracy K

Bob Hanf, Chair

Tracy Kitčh, President & CEO

ACHIEVING BETTER OUTCOMES

Experience-based design becomes an adventure for kids at IWK "Hybrid imaging provides important diagnostic information in a wide range of diseases, better than either approach alone and often better than if both scans are acquired separately."

- Dr. Steven Burrell



One of the most stressful procedures pediatric patients and their families face is that of medical imaging. Equipment is large, loud and intimidating, and patients often require considerable coaxing and in many cases, sedation for the procedure to be a success.



Approximately 40% of IWK nuclear medicine patients that previously needed a general anesthetic for their scan have peen able to do their exams without anesthetic. The recent addition of the GE Adventure Series SPECT/CT digital imaging equipment and redesigned setting is not only improving the quality of experience for children in the region but also providing doctors at the IWK with access to a leading diagnostic technology that will achieve better outcomes. "It's a room that's really built with a child's eye in mind," said Sandra MacDonald, a nuclear medicine technologist at the IWK.

Using experienced based design, the clinical environment has been transformed into a relaxing, engaging jungle-themed setting, where children follow a path of stepping stones that leads them to a scanning bed designed to look like a dugout canoe. The procedure becomes a journey being taken by the child, as their imagination takes them on a simulated jungle safari. As a result, technologists say that children will often lie still throughout the half- to one-hour process without the need for sedation.

This approach to imaging is the first of its kind in Canada and will act as a showroom for North America. But the more relaxed experience is not the only benefit. Combining SPECT images with CT images of the body's anatomy also reduces the potential for downstream testing, improving both accuracy and speed.

"To arrive at the optimal diagnosis, you really have to fuse those two," said Dr. Steven Burrell, a nuclear medicine physician at the IWK. "Hybrid imaging provides important diagnostic information in a wide range of diseases, better than either approach alone and often better than if both scans are acquired separately." The transformation of the IWK's nuclear medicine imaging exemplifies a new era in experience-based design that focuses on alleviating the stress and anxiety that patients experience. It's a concept that can cross a spectrum of functions within hospitals. While this investment may be a high-profile showpiece, the IWK will continue to focus on transforming physical environments within our system to create exceptional experiences and outcomes.

ACHIEVING BETTER OUTCOMES

IWK establishes inaugural Chair in Child and Adolescent Mental Health Outcomes

> Dr. Leslie Anne Campbell, Sobey Family Chair in Child and Adolescent Mental Health Outcomes

"What we learn through this approach can actually change the course of treatment, profoundly impacting people's care."

- Dr. Leslie Anne Campbell



"How do we know sooner when things aren't working?" That question drives the research approach of Dr. Leslie Anne Campbell. Campbell was named the Sobey Family Chair in Child and Adolescent Mental Health Outcomes at the IWK Heath Centre in December of 2015. It is the first of its kind in Canada and is being funded through a generous donation from members of the Sobey family.



In any given year, 1 in 5 Canadians experiences a mental health or addiction problem.

What makes the work unique is the highly collaborative approach with children and youth, families and care providers to transform mental illness treatment at the IWK. "I'm interested in the whole person," says Campbell who believes that in order to really make a difference you have to work collaboratively. Using an electronic survey, developed through collaboration with patients, families and care providers, it is possible to capture health information, and chart, in real-time, how children and youth are functioning. The survey will be filled out as soon as they arrive for their appointment, and the data will be collected and graphed in a meaningful way so that the doctor can interpret the results within the same visit. "What we learn through this approach can actually change the course of treatment, profoundly impacting people's care," says Campbell. "It's enormously rewarding."

The answers to the questions are reviewed comparatively with previous answers by the patient and against the population to get a snapshot of how that person is doing. In addition to quality and performance outcomes that the IWK tracks; number of visits, wait times and number of patients seen, Campbell points out children and youth have their own important milestones and outcomes that they are trying to achieve and have an important place in the information gathered to guide their care.

Answers like, "I'm able to go to school and not feel anxious," or "I was able to go to the school dance," are tracked and used to inform the care approach. The systematic ability to gather and use this information as part of the bigger picture to guide treatment, program planning and resource allocation is remarkable. Dr. Debbie Emberly, IWK clinical psychologist, agrees that while patient perspectives have always been fundamental, the way the data can be captured and charted instantly, could revolutionize care. "It's amazing to finally know if the services we offer are actually helping our patients get back to living. This patient level data helps make our system better," says Emberly.

Campbell's work as the Sobey Family Chair in Child and Adolescent Mental Health Outcomes brings a focused lens on how to best use technology and collaboration to guide treatment and as Emberly points out "We're leaders in making that change."

FOSTERING RESEARCH EXCELLENCE

Enriching the well-being of First Nations children

"There is no translatable word for 'pain' in the Mi'kmaq language."- Margot Latimer



Through the combined strengths of Aboriginal and Western knowledge, the Aboriginal Children's Hurt and Healing (ACHH) Initiative was developed to offer a more balanced approach to improving health encounters, reducing hurt and enriching the well-being of First Nations children.







About 50% of the population of Eskasoni, the largest community of Mi'kmaq people in the world, located in Eastern Cape Breton, is under 19. Research shows that chronic illness in First Nations communities is almost three times what it is in the general population, and Aboriginal children have higher rates of painful conditions, more injuries, and more painful ear, dental and musculoskeletal issues. These higher rates of painful conditions impact the ability of children to grow, learn and achieve the same outcomes as other kids. "To deliver a high level of care, you have to understand our people and our culture," says Julie Francis, a community health nurse and ACHH Research Coordinator in the Eskasoni First Nation. "We need to educate those outside of our communities so they can deliver the care that is needed most."

The ACHH Initiative gathers and combines traditional and western knowledge to better understand how Aboriginal children's pain is experienced, expressed, interpreted, assessed and treated. The project began in the Eskasoni First Nation and has now expanded across three provinces and four communities.

Early research findings suggest that a complex mix of factors have led to a cultural divide for First Nations children in pain and non-Aboriginal health care providers.

"If you're not used to talking about your pain or if, within your culture, it's better to be quiet or stoic, or endure your pain, then you're less likely to convey that to your health professional," says Dr. Margot Latimer. Latimer is the Initiative's principal researcher, along with Eskasoni Health Director Sharon Rudderham and John Sylliboy, Community Research Program Coordinator. "In fact, there is no translatable word for "pain" in the Mi'kmaq language."

Originated by Mi'kmaq Elders Albert and Murdena Marshall, the concept of 'two-eyed seeing', a blend of the best of Aboriginal and contemporary western understanding, is being used to recognize when Indigenous children are in pain and to help them recognize it in themselves. One such strategy has been to enlist Mi'kmaq artist Alan Syliboy to help children and young people learn to express themselves, first through narrative, then through art. The Art Gallery of Nova Scotia helped curate the pieces that resulted from the workshops and a national tour of the exhibit is underway.

"The communication that comes from the children's art expression is showing the research world and also the health world that we need to look beyond the physical," says Syliboy.

Researchers are also developing an electronic, interactive way to measure pain that will be easier and more culturallyrelevant for Aboriginal children to use. In doctors' offices and emergency rooms, children will be able to use an app on a tablet or smart phone to convey their hurt in a more accurate way, using methods that feel more comfortable for them.



Dr. Margot Latimer

FOSTERING RESEARCH EXCELLENCE

Patient-oriented research will help IBD sufferers

Dr. Anthony Otley, Head of the Division of Gastroenterology and Nutrition at the IWK Health Centre

"Medicine can be very effective in targeting inflammation but it can be expensive and temporary."- Dr. Anthony Otley

As partners in the newly formed IMAGINE-SPOR chronic disease network, Dr. Anthony Otley, cross-Canada pediatric research lead and Dr. Johan Van Limbergen, clinician scientist in the Division of Gastroenterology and Nutrition, hope that the key to relief for those suffering from Inflammatory Bowel Disease (IBD) lies within the patients themselves.





The highest rates of IBD in Canada are found here in Nova Scotia with 580 sufferers for every 100,000 people. Dr. Johan Van Limbergen, clinician scientist in pediatric gastroenterology in the Inflammatory Bowel Diseases Centre Two thirds of Canadians experience gastrointestinal symptoms and the most prevalent complaints relate to bowel disorders, particularly irritable bowel syndrome (IBS) and IBD. Globally, Canada has one of the highest rates of IBS with six million sufferers across the country. IBD affects approximately one in 150 Canadians with 25 percent of these cases involving children and youth under the age of 18. There is a correlation between people with gastrointestinal disorders and higher rates of anxiety and depression, for which therapies are ineffective.

"Medicine can be very effective in targeting inflammation but it can be expensive and temporary,"says Otley. "If we study how all these bugs, viruses, yeasts and our own immune system interact within the microbiome we believe this will provide us the opportunity to address the problem through diet, probiotics or fecal transplants."

A more personalized treatment will help IBD sufferers. By decoding the complex relationship between a patient's own genes, gut bugs and inflammation, a treatment can be tailored to match their specific profile.

The IWK's recent acquisition of an Illumina desktop sequencing system is making the study of microbiomes that much easier, quicker and more accurate. The sheer power and high resolution of the technology allows researchers to understand the genetic makeup of organisms that were previously impossible to study – helping examine the biological function of microbes, tracking genetic changes, rapidly responding to outbreaks, monitoring food sources, and more. "What makes this most exciting is that it is patient-driven research," says Van Limbergen. "It is research and health care working together on the same problem. That may seem like an obvious partnership but the two tend to exist in separate spheres."



Joel Richards

LEADING WITH VISION

Inspiring a trauma informed culture at the IWK

> Holly Murphy, Clinical Project Coordinator for Trauma Informed Care

"All of us play a part in this - every person, in every role." - Holly Murphy



leading a significant culture shift to transform and embed psychological safety and trustworthiness into everyday interactions, policies and practices at the IWK. Earlier this year, the IWK embarked on a journey to become a certified Trauma Informed Care Organization, the first organization in the province to do so. Murphy's leadership goes well beyond the IWK walls, as she works with providers of child and youth care across Nova Scotia. She is building awareness and skills in Trauma Informed Care beyond the health system, including schools, community organizations, First Nations organizations and government departments such as Justice and Community Services.

Holly Murphy, RN, MN, Clinical Project Leader of Trauma Informed Care, is



Approximately 76% of Canadians have experienced a traumatic event in their lifetime.

Traumatic experiences at any age can leave lasting impacts. The effects of trauma on children and youth can have life-changing influences, which is why leading this work is such a focus and passion for Murphy and for the IWK. Teams with skills and expertise in Trauma Informed Care are able to improve the patient experience by reducing negative encounters and events, minimizing the possibility of re-traumatization. The philosophy and approaches are shown to increase client and family satisfaction and reduce the need for unnecessary and costly interventions.

Becoming a trauma informed organization is a multi-year project based on creating psychologically safe environments for patients, families and team members. By creating a sense of trust and safety, patients and families are supported to be active participants in their care and healing. They can openly express their needs and fears, making it much easier to work together to prioritize these things. The IWK has achieved a number of implementation milestones, and is aiming to become a certified Trauma Informed Organization in 2019. The work of Murphy and her amazing team is already being recognized by other maternal newborn and pediatric health care systems in Canada, the US and Australia and by national quality improvement networks. Murphy has been speaking across the province and nationally, giving workshops, coaching and webinars on this extraordinary initiative in Nova Scotia, sharing the strides being lead here at the IWK.

"One of the strengths about trauma informed care is that it applies at all levels in working with patients, families, staff, physicians, volunteers, community partners and systems," says Murphy. "All of these systems are working on how to become trauma informed and when all of us are working toward the same goal it is exciting to think that we could be creating a trauma informed province." Trauma Informed Care is closely aligned with patient and family-centered care. It strengthens the focus on partnering with patients and families and recognizes the patients and families as experts in their health and care needs.

"It's wonderful to see how the principles of Trauma Informed Care are so closely aligned with the core concepts of Patient and Family Centred Care (PFCC)," says Julia Inglis, Co-chair of Family Leadership Council. "Building staff awareness around the prevalence of trauma and its impact on people helps to promote safe and trustworthy environments for patients. Representation from the Family Leadership Council has allowed us to provide input into this work. We are looking forward to actively participating in the IWK's journey to become a Trauma Informed Care Health Centre."

"With Trauma Informed Care knowledge and skills, we can recognize that trauma happens, and respond to the unique needs of patients. We can create a community that will promote resiliency and hope together. All of us play a part in this every person, in every role," says Murphy.

Learn more at www.yourexperiencesmatter.com

LEADING WITH VISION

Specialized Eating Disorder Nurse role – a Canadian first

> Melissa Hilchey, RN Tracy Bourdages, CEDRN Jessica Wournell, CEDRN

Two innovative nurse leaders, Jessica Wournell and Tracy Bourdages, recognized that patients with eating disorders needed more consistent clinical care, and that the team would benefit from standardized guidelines, education and best practice tools. They're transforming care as the first Certified Eating Disorder Registered Nurses (CEDRN) in Canada. "This training has completely changed the way we treat patients with eating disorders," says Bourdages. The two have developed the Eating Disorder Resource Role, family and team resource materials, policies and practices to significantly improve consistency of care and treatment of patients and families dealing with eating disorders.

"We're seeing patients getting better and able to achieve recovery." - *Tracy Bourdages*

The Eating Disorder Resource Nurse acts as a mentor for both families and the team. They develop individualized care plans for each patient. "It's about building capacity among others to know how to manage medically compromised patients successfully," says Wournell. The care team includes nurses, social workers, teachers, psychologists, psychiatrists, a dietitian, occupational and recreational therapists, the patient and family care coordinator and supports for transitions of care.

"This specialty level of nursing expertise has created a new approach that really supports the family and the child," says Bourdages. Families are actively involved in the development of individualized care plans. Parents assist the dietitian and nurse with menu selection and are educated about medical complications that could occur from the eating disorder. With this approach patients and families are viewed as partners on the care team with a shared goal to renormalize eating as a part of everyday life.

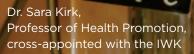
"I feel fortunate to have them mentor me," says Melissa Hilchey, Registered Nurse who worked as an Eating Disorder Resource Nurse for the past year on the Garron Centre for Child and Adolescent Mental Health. Advanced education in working with families has prepared Bourdages well for her new role as the Patient and Family Care Coordinator for the Garron Centre. Wournell recently started working in the Eating Disorder Clinic. Mentorship, specialized expertise and capacity building extends well beyond the IWK. Their work has been cited in Canadian Nurse and Bourdages and Wournell have been receiving requests to share their knowledge nationally and internationally. Recently the program was recognized as a leading practice by Accreditation Canada (AC). This type of recognition increases our national profile and enhances our reputation as innovative leaders.

The introduction of the Eating Disorder Resource Nurse role has demonstrated improvements in every facet of care, including the admission process, transition to outpatient services, consistent meal support, patient outcomes, family involvement, as well as enhanced staff knowledge and competencies.

LEADING WITH VISION

Influencing policy through greater understanding of the broad factors that determine health

RATION STATION



"As a place of healing the IWK Health Centre can set an example for families by modeling the behaviours that we all need to adopt for good health." - Dr. Sara Kirk



"I love being able to make a difference to the health of children and families and to contribute to new evidence," says Dr. Sara Kirk, Professor of Health Promotion, crossappointed with the IWK. Kirk is passionate about her work and has ambitious ideas for transforming the health of Nova Scotians. Recipe for Health, a new project that will be co-led with IWK cardiac surgeon Dr. Camille Hancock Friesen, will engage children and youth as change agents for a healthier Nova Scotia. The project promises to be a game changer – working with schools to implement healthy eating, active living and positive mental health initiatives that are sustainable and scalable across the province. This is a unique way of partnering with communities for social change that will improve health. Obesity rates among children and youth in Canada have nearly tripled in the last 30 years. Children and youth with obesity are at higher risk of developing a range of health problems, and weight issues in childhood are likely to persist into adulthood. "The associated increased risks of cardiovascular disorders and diabetes not only negatively impact individual health, but could put a strain on the health care system," says Kirk.

Kirk has a long history of research that contributes to evidence-based care. Her work with perinatal epidemiologist Dr. Stefan Kuhle found that children with obesity had 21% higher health care costs than children considered to be of normal weight.

Her recent in-depth study of Nova Scotia's school nutrition policy aims to inspire a culture where healthy and nutritious food is available and accessible to children at home and in their schools and communities. "As a place of healing, the IWK Health Centre can set an example for families by modeling the behaviours that we all need to adopt for good health," says Kirk. Innovative models, such as the Rockingstone Heights School initiative, locate a variety of community services, including pediatricians and public health nurses, in schools to provide seamless care to families with young children. This model allows for an examination of the impact that integrated care models can have on improved social, developmental and health outcomes for children.

Creating the conditions for health instead of treating people once they become unhealthy depends on cross-sector collaboration and includes; healthy eating, physical activity and positive social environments.

"It's critical that we use the best evidence in a number of ways and that we start focusing on the long term so that we can reset the trajectory for health," says Dr. Krista Jangaard, Vice President Medicine and Academic Affairs at the IWK.

Understanding and addressing the underlying determinants of healthy children and families is key to translating knowledge into clinical practice. This work provides an ideal opportunity for the IWK to demonstrate leadership in the population health agenda for children, youth and families.

ELEVATING PATIENT CARE

IWK Antenatal Home Care Program allows families to stay together at home in their natural environment

> Keri Anne Gallant, Registered Nurse

Being admitted to hospital with prenatal complications can be stressful for women and their families.

Samantha Krauch had a history of high blood pressure and made frequent trips to the hospital and to her physician during her pregnancy. Eventually, Samantha was admitted but her blood pressure was not high enough to warrant being induced. It was unnecessary to stay at the hospital and be away from home, however continuing to go back and forth to have her blood pressure monitored was also risky. Krauch was an excellent candidate for the Antenatal Home Care Program, that provides care in the period before birth.

"I was really happy to hear that was an option," say Krauch. "I also felt better about going home as I was always anxious about my blood pressure. I felt better knowing that someone would always be here in the morning to check in on me. Having that extra support really eased my mind." The IWK Antenatal Home Care program implemented in November 2015 provides care to women with complications of pregnancy that may safely be cared for at home where they are more comfortable. Experienced nurses provide regular home visits and phone calls to closely monitor the mother's and baby's health. They help mothers understand their pregnancy complication, show them ways to monitor their health and their baby's health and answer questions about pregnancy, labour and birth.

Sherry Carter, a registered nurse for the Antenatal Home Care program sees first hand the benefit of the home care program. "At home, these moms are in their natural environment. They are less stressed and they can sleep better. If there are other children at home, their family life is not disrupted and it keeps the family together."

Lindsay Raining-Bird receives check-up at home



Financial Performance

The IWK Health Centre (Health Centre) acknowledges the funding received from the government of the Province of Nova Scotia and the IWK Health Centre Charitable Foundation. All funding received in 2015-16 has been fully utilized in support of Health Centre operations with the Health Centre maintaining a stable financial position and achieving a balanced operating position on the year.

Management Responsibility Report

The accompanying summarized financial statements have been produced from the IWK Health Centre's financial statements which have been audited by Grant Thornton LLP (with a complete set of audited financial statements available in the office of the Chief Financial Officer). IWK Health Centre management is responsible for preparing the financial statements in conformity with Canadian public sector accounting standards as established by the Public Sector Accounting Board of the Chartered Professional Accountants of Canada.

In preparing these financial statements management selects appropriate accounting policies and uses its judgment and best estimates to report events and transactions as they occur. Management has determined such amounts on a reasonable basis in order to ensure that the financial statements are presented fairly in all material respects. Financial data included in this Annual Report is prepared on a basis consistent with that of the audited financial statements.

The IWK Health Centre maintains a system of internal accounting controls designed to provide reasonable assurance, at a reasonable cost, that assets are safeguarded and that transactions are executed and recorded in accordance with IWK Health Centre policies for doing business. The Board of Directors is responsible for ensuring that management fulfills its responsibility for financial reporting and internal control, and is ultimately responsible for reviewing and approving the financial statements. The Board carries out this responsibility principally through its Finance, Audit & Risk Committee. The Committee meets at least four times annually to review audited and unaudited financial information. Grant Thornton LLP has full and free access to the Finance, Audit & Risk Committee.

Management acknowledges its responsibility to provide financial information that is representative of IWK Health Centre operations, is consistent and reliable, and is relevant for the informed evaluation of IWK Health Centre activities.

Jacy K

Stephen D'Arcy, CPA, CA Chief Financial Officer

Tracy Kitch, President & CEO

Financials 2015 - 2016

The Izaak Walton Killam Health Centre Statement of Financial Position As at March 31

	2016	2015
[in thousands of dollars]	\$	\$
Financial Assets		
Cash and cash equivalents	11,801	19,226
Receivables	20,152	23,647
Employee receivables	1,269	1,447
Receivable from IWK Health Centre		
Charitable Foundation	18,654	18,389
Accumulated sick leave receivable	17,963	16,470
Retirement allowances and health benefits	39,432	34,908
	109,271	114,087
Liabilities		
Payables and accruals	23,713	34,369
Capital lease payable	52	100
Retirement allowances and health benefits	39,432	34,908
Accumulated sick leave payable	17,963	16,470
Facilities loan payable	8,407	9,245
Deferred capital and research revenue	31,732	30,758
	121,299	125,850
Net Debt	(12,028)	(11,763)
Non-financial assets		
Prepaids	2,627	1,642
Inventories	1,470	1,350
Property and equipment	190,424	189,828
	194,521	192,820
Accumulated Surplus	182,493	181,057

Financials 2015 - 2016

The Izaak Walton
Killam Health Centre
Statement of
Operations
Year Ended March 31

[in thousands of dollars]	2016 \$	2015 \$
Revenue		
Government Funding for Operations	253,901	250,992
Retail Revenue, Recoveries & Other	21,484	20,799
Inpatient, Outpatient & Clinics	6,337	6,337
Capital Grants and Donations - IWK Health Centre Charitable Foundation*	8,146	10,438
Capital Grants and Donations - Department of Health and Wellness & Other	5,951	8,195
Research Institute	13,513	13,752
Total Revenue	309,332	310,513
Expenses		
Children's Health (Pediatric Intensive Care Unit, Operating Rooms, Inpatient Units, Ambulatory Care, etc.)	74,157	71,537
Women's & Newborn Health (Neonatal Intensive Care Unit, Birth Unit, Operating Rooms, Breast Health, etc.)	50,539	50,277
Medical Services (Pathology, Lab, Diagnostic Imaging, Physician Administration, etc.)	36,984	34,977
Mental Health & Addictions (Adolescent Intensive Services (AIS), Compass, Garron Centre, etc.)	31,620	32,755
Provincial Programs (HITS-NS, Reproductive Care, NS Breast Screening, NS Insulin Pump Program)	27,113	28,784
Research Institute (Research operations and program costs)	15,031	14,799
Operations & Support Services (Utilities, Information Technology, Maintenance, Housekeeping, Food Services, HR, Primary Health, Interprofessional Practice, Pharmacy, etc.)	72,452	69,771
Total Expenses	307,896	302,900
Annual Surplus before Capital Adjustments	1,436	7,613
Current Year Capital Adjustments**	(1,436)	(7,613)
Current Year Surplus from Operations	_	-

* Through donor support, the IWK Foundation provided \$13,971 (2015: \$13,098) in funding for Health Centre priorities including equipment, capital redevelopment, clinical programs and research.

** A year end transfer from operations to capital resulted in a balanced operating position in each of the last two fiscal years.

Milestone Moments



IWK receives exemplary standing from Accreditation Canada Dr. Christine Chambers #ItDoesntHaveToHurt launch marries science and social media to benefit parents. Dr. Chambers was also awarded the Jeffrey Lawson Award from the American Pain Society in November.



SEPTEMBER



IWK leaders lend a helping hand in Habitat for Humanity Women Build



Dr. Bruce Crooks and the Sears National Cancer Ride arrive at IWK My Hope for Healthcare: The Power of Innovation forum at the Library



IWK Health Centre wins Benefits Canada 2015 Workplace Benefits Award in the Health and Wellness program category

OCTOBER

Milestone Moments

NOVEMBER

IWK Kids Rehabilitation Centre Opens





IWK Announces Wessex Scholarship in honour of His Royal Highness the Prince Edward, Earl of Wessex's visit to the IWK Imaging Adventure Program at IWK Health Centre first of its kind in Canada





Postpartum follow up clinic opens

Dr. Leslie Anne Campbell appointed Sobey Family Chair

DECEMBER

Board of Directors approves new strategic plan



JANUARY

MARCH

Visiting expert in personcentred practice, Dr. Brendan McCormack, delivers Practice Development School to IWK staff



Maritime Newborn Screening Program expands to include screening for severe combined immunodeficiency (SCID) disorder

The Canadian Institute of Health Research Strategy for Patient-Oriented Research (SPOR) program announces \$62.5 million in funding for five networks; IWK researchers will participate in three of the five.

Governance & Leadership

Board of Directors

Bob Hanf, ^{1,2,3,4,5} Chair

Karen Hutt, ^{1,2,3} Vice Chair

Phil Otto, ^{1,2} Past Chair

Tracy Kitch 1,2,3,4,5

Doug Doucet 1,5

Larry Evans ^{1,3}

Kimberley Horrelt ^{3,5}

Dr. Karl Logan

Dr. Shannon MacPhee

Catherine MacPherson⁴

Jennifer Mills ³

Kara Paul⁴

Marilla Stephenson ⁵

Ed Simonds 1,4

Marsha Sobey²

Lyne St-Pierre-Ellis³

Ivan Toner

Dr. Darrell White

Executive Leadership Team

Tracy Kitch, President & CEO

Steve Ashton, Vice President, People & Organization Development

Gina Connell, Chief, Communications & Public Affairs

Steven D'Arcy, Chief Financial Officer

Jen Feron, Legal Counsel

Jennifer Gillivan, President & CEO, IWK Foundation

Mary-Ann Hiltz, Vice President, Quality & System Performance

Dr. Krista Jangaard, Vice President, Medicine & Academic Affairs

Dr. Patrick McGrath, Vice President, Research, Innovation & Knowledge Transfer

Jocelyn Vine, Vice President, Patient Care & Chief Nurse Executive

Senior Management Team

Dr. Tony Armson, Chief Obstetrics & Gynecology

Dr. Alexa Bagnell, Chief Psychiatry

Dr. Mark Bernstein, Chief Pediatrics

Matt Campbell, Directors Council Co-Chair, Director Quality, Performance & Process

Dr. Gerard Corsten, Chief Surgery

LeeAnn Larocque, Directors Council Co-Chair, Director, Children's Health

Dr. Shannon MacPhee, Medical Advisory Committee Chair, Chief Emergency Medicine

Executive Committee
Governance & Nominating Committee
Finance, Audit & Risk Committee
Quality Committee
Buildings & Infrastructure Committee

Our Team



Celebrating donor generosity at the 2015 IWK Telethon

IWK Foundation

As the fundraising partner of the IWK Health Centre, the IWK Foundation and its donors are champions of excellence in women's and children's health. Maritimers have helped build the IWK and through their continued generosity it has evolved as a world-class facility for our region's women, children, youth and families. Last year, donors contributed close to \$14 million to the IWK's most urgent care priorities.

IWK Staff

Great care requires great teams – and that includes the 3,000-plus staff and nearly 400 physicians who are at the heart of everything we do. They provide compassionate care to our patients and families, conduct research and find innovative ways to improve the health of our population, provide the technology, information, space and tools to do our work, teach and mentor the next generation of healthcare workers. We are privileged to have them on our team and in our communities.

IWK Auxiliary

Established in 1946, the IWK Auxiliary has raised over \$8.45 million for the IWK Health Centre, and has touched the lives of countless Maritime families through generous support of so many important patient and family-centred initiatives.

IWK Volunteer Services

Through Volunteer Services, more than 800 community members offer their time and passion to a variety of programs throughout the IWK. Our volunteers partner with paid staff in implementing the mission and vision of the Health Centre while playing a key role in our efforts to passionately pursue a healthy future for women, children, youth and families.

Dustin Whalen, Charlie Whalen, Barbara Kelly, physiotherapist



Five-year old Charlie, shown on our front cover, personifies 'reaching higher'.

His determination inspires us to approach our work with the same resolve.

IWK Health Centre 5850/5980 University Avenue Halifax, Nova Scotia B3K 6R8

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XBX

IWK Health Centre

