



# Health PEI ANNUAL REPORT 2020-2021

# Health PEI

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# Health PEI

2020-2021  
Annual Report

## Table of Contents

Board Chair and CEO Message	1
Introduction	2
Current Strategic Direction	3
Health Care in PEI	4
Year in Review: 2020-2021	5
Strategic Goals	9
Goal 1: Quality and Safety	9
Goal 2: Access and Coordination	16
Goal 3: Innovation and Efficiency	22
Financial Highlights	25
Health PEI by the Numbers	27
Appendices	30
Appendix A - Organizational Structure	30
Appendix B - Scorecard	31
Appendix C - Audited Financial Statements	34
References	60

# Message from Health PEI's Board Chair and CEO



Derek D. Key  
Board Chair

On behalf of Health PEI's Board of Directors, Executive Leadership Team, staff and physicians, we are pleased to present to the Minister of Health and Wellness and people of Prince Edward Island (PEI) the 2020-2021 Annual Report for Health PEI. This annual report provides an overview of our accomplishments, challenges and performance results for 2020-2021. This year's report includes the Audited Financial Statements for the year ending March 31, 2021.

This past year has been one of unprecedented challenge and change for the PEI health care system due to the impacts of the global COVID-19 pandemic. Our staff and physicians have responded to these challenges with unwavering professionalism and dedication. From working around the clock to support the COVID-19 response in the laboratory, screening clinics, public health offices and immunization clinics to ensuring that essential health care services continue safely for our Island community, our Health PEI team has demonstrated resilience, caring and a commitment to excellence in these challenging times.



Dr. Michael Gardam  
Chief Executive Officer

We also recognize that despite the long lasting impacts of COVID-19, Health PEI also achieved successes and progress toward achieving our strategic goals of *Quality and Safety, Access and Coordination* and *Innovation and Efficiency*. We have provided new programs, enhanced existing services, further developed the use of new technologies and continued our commitment to working toward accreditation in 2022.

Our progress in 2020-2021 is due to the dedication and resilience of Health PEI staff, physicians, volunteers and our partners. It is our privilege to thank those who provide care to our Island community while demonstrating caring, integrity and excellence.

Respectfully Submitted,

Derek D. Key, C.M., O.P.E.I., Q.C., LL.D. [Hon]  
Board Chair

Dr. Michael Gardam, MSc, MD, CM, MSc, FRCPC, CHE  
Chief Executive Officer

# Introduction

## Health PEI Annual Report 2020-2021

The 2020-2021 Annual Report outlines Health PEI's actions and initiatives from April 1, 2020, to March 31, 2021, in support of the following strategic goals:<sup>1</sup>

- Quality and Safety;
- Access and Coordination; and
- Innovation and Efficiency.

This report supports Health PEI's reporting and accountability requirements to the PEI Legislative Assembly, the Minister of Health and Wellness and the public. The submission of this report to the Minister of Health and Wellness satisfies legislative requirements outlined in the *Health Services Act*<sup>2</sup> and the *Financial Administration Act*.<sup>3</sup>

## Our Strategic Goals and Priorities



### Quality and Safety

- Improving patient and workplace safety and security
- Embedding patient- and family-centered care (PFCC) at all levels of the organization including: direct care, program and service planning and leadership to enhance patient experience
- Increasing engagement with patients, staff, members of the public and communities



### Access and Coordination

- Improving access to primary care services
- Improving access to mental health and addictions (MHA) services
- Improving access to community-based specialized care programs for chronic and complex clients
- Enhancing home care services



### Innovation and Efficiency

- Improving patient flow
- Reducing wait times in emergency departments (EDs)
- Ensuring appropriate use of ambulatory care resources
- Increasing use of innovative practices

# Current Strategic Direction



Supporting Our Strategy



[HealthPEI.ca/StrategicPlan](https://HealthPEI.ca/StrategicPlan)

# Health Care in PEI

## Department of Health and Wellness

The Department of Health and Wellness is responsible for providing leadership and policy direction for PEI's health care system. Health PEI's strategic direction is informed by the Minister of Health and Wellness through both legislated documents as well as the departmental strategic plan.<sup>4</sup> The alignment of priorities between Health PEI and the department is critical for working together on measurable progress toward fostering the health and well-being of the Island community.

## Health PEI

Health PEI is a crown corporation responsible for the operation and delivery of publicly funded health services in PEI.<sup>2</sup> The organization is governed by a Board of Directors and offers acute care and community-based services, including: public health programs, long-term care (LTC) facilities, home care services, primary care networks, health centres and MHA services.

### HEALTH PEI EMPLOYEES

Employees\*

4,816



Medical Staff

249



Nursing Staff

2,280



### HEALTH PEI FACILITIES

Hospitals

7



Referring Acute Care Hospitals

2

Community Hospitals

4

Psychiatric Hospital

1

Mental Health Sites

7

Community Health Sites\*\*

26

Addiction Sites

5

Public Long-Term Care Homes\*\*\*

9



Notes:

\* Number of permanent Full-Time Equivalents as of March 31, 2021.

\*\* Community Health Sites include public health & children's developmental services, primary care & chronic disease, home care, palliative care and geriatric programs.

\*\*\* Long-Term Care Homes include public long-term care nursing facilities only.

# Year in Review

## 2020-2021

The 2020-2021 Annual Report provides a summary of Health PEI's achievements and challenges in relation to its strategic goals over the past year. An update on health system performance (Appendix B) via performance indicators that align with strategic goals is also included. The 2020-2021 year served as a transition year for Health PEI as a new strategic plan for 2021-2024 was developed. The report is aligned with *The Canadian Quality & Patient Safety Framework for Health Services* which was adopted by Health PEI in March 2021.



People-Centered Care



Safe Care



Accessible Care



Appropriate Care



Integrated Care

### Success & Challenges

Advances in quality and safety built on training supports for staff and physicians and engagement to better understand staff perspectives on patient safety and workplace safety. Access to care across different services including primary care and specialist care was enhanced through the use of various virtual technologies that enabled the continuation of care in a safe, quality and accessible manner throughout the COVID-19 pandemic. Master Planning for the new MHA campus continues to drive progressive and person-centered care that is

supported by evidence-based practices. The recruitment and retention of staff continues to be a challenge to the stability of health services. Significant efforts are required to support, develop, recruit and retain the Health PEI workforce.

### COVID-19 Response

Over the last year, Health PEI team members worked long hours, seven days a week to provide daily care and support for Islanders impacted by COVID-19. Staff worked to ensure screening clinics, contact tracing, laboratory services and other response services were fully operational, in particular during outbreaks, changes to testing and evolving isolation requirements. Immunization clinics were planned and established, again requiring the rapid mobilization of resources to ensure timely access to the COVID-19 vaccine across the province for all eligible populations.

Throughout the COVID-19 pandemic, Health PEI team members continued to work with frontline health care workers by supporting their mental health and well-being. Staff also worked to ensure that essential services were maintained for the safe operation of non-COVID related health care services. Health PEI Patient and Family Partners also provided support for the pandemic response by their feedback from a patient/family perspective on service planning and on new protocols. Staff continue to provide around-the-clock support throughout the health system to ensure that the Island community stays safe and healthy.

### Profiles

Over the last several years, staff have recommended that the annual report highlights different Health PEI team members working across Health PEI facilities and services to share a face and name with those providing care. This year's report provides in-depth profiles of a diverse number of staff from various sectors and a Patient and Family Partner profile. Profiles were collected over the past year and provide insight into the day-to-day work of the Health PEI team from across the province.



# Staff Profile

## Kari-Lyn Young

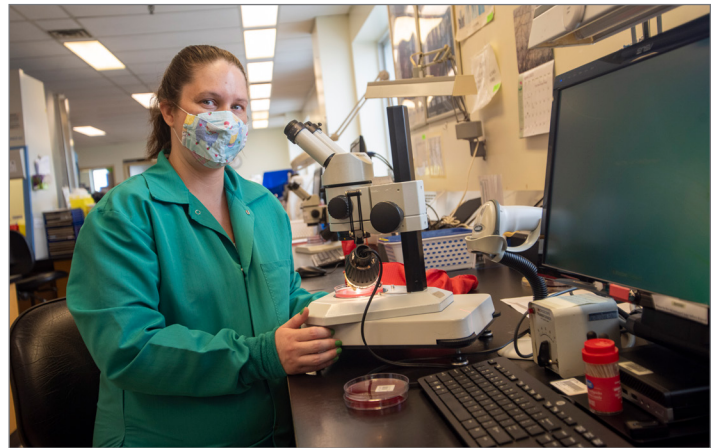
Kari-Lyn Young is the technical supervisor of Laboratory Services at the Queen Elizabeth Hospital (QEH). Prior to that, she graduated with a three-year college sciences diploma from St. Lawrence College in Kingston, Ontario. When asked what she likes most about her job, she said “every day is different”.

The QEH Laboratory is part of the provincial system of laboratories. A variety of test samples from across the province arrive at the lab on a regular basis. The team performs tests for a long list of viruses and liaises with the Chief Public Health Office, doctors and nurses to return results. Most recently, this list expanded to include COVID-19.

“Since COVID-19 hit in 2020, the microbiology lab has been impacted in many ways as we strive to maintain good turnaround times for testing results. ”

Part of Kari-Lyn’s role is ensuring that work flows efficiently in the laboratory and that testing instruments are properly maintained. When the COVID-19 pandemic emerged in 2020, she was in charge of getting all instruments up and running and oversaw the training process completed by technologists learning how to complete COVID-19 testing.

Though her overall duties have not changed as a result of COVID-19, the volume of work has increased significantly. In addition to their regular workload, Provincial Lab Services now complete upwards of 4,000 COVID-19 tests a week. Either way, Kari-Lyn says the lab always strives for good turnaround times for testing results.



*Kari-Lyn Young, Laboratory Technical Supervisor*

# Staff Profile

## Martha St. Pierre

Martha St. Pierre has been a registered nurse for 33 years. She graduated with a Bachelor of Science in Nursing in 1988, and has been a member of the Health PEI team for the past 26 years. As a certified diabetes educator and the organization's Provincial Diabetes Clinical Lead, Martha's main role is to provide leadership, guidance and support to those who care for Islanders living with diabetes.

As the diabetes care team continues to examine opportunities to improve diabetes services in PEI, Martha shared that one of the common challenges for this population is the financial impact of daily diabetes management. Medications, insulin, test strips and insulin pumps can be very costly so, as part of her role, Martha works with government departments to identify opportunities to reduce the out-of-pocket impact of diabetes. Martha was also a key resource to the Health PEI Diabetes Steering Committee in drafting the *2020-2024 Health PEI Diabetes Strategy*. The strategy was finalized in November 2020 and highlights strategic priorities for diabetes detection, prevention and management.

One of the best parts of her job, Martha says, is working in a team-based environment. This became particularly relevant during the COVID-19 pandemic. As part of Health PEI's COVID-19 response, Martha was redeployed as the provincial manager responsible for establishing and operating COVID-19 testing and symptom assessment sites across the province. She says this experience allowed her to work with a vast array of team members across Health PEI, the Department of Health and Wellness as well as community partners. She notes the ongoing innovation required to overcome logistical challenges along the way.



*Martha St. Pierre, Provincial Diabetes Clinical Lead*

“COVID-19 has highlighted the need to be flexible in an ever-changing environment.”

Martha also added, “It is important to recognize that PEI has done extremely well in the COVID-19 response due to Islanders following the guidelines of the Chief Public Health Office. We need to continue to follow the advice of Dr. Heather Morrison to reduce COVID-19 transmission and to keep all Islanders safe.”

Thanks to Martha's leadership, the team continues to guide staff, patients and families through the COVID-19 pandemic.

# Staff Profile

## Jantina MacLeod

As a full-time environmental services worker on the Medical/Palliative Care Unit at Prince County Hospital (PCH), Jantina MacLeod's day starts early and takes her through every part of the unit. Every surface, every room, and many different pieces of equipment are cleaned thoroughly over the course of her shift. Jantina has worked at the PCH for almost 17 years and has been on the Medical/Palliative Unit since January 2020. She describes her role as her dream position.

*"I love my job! I feel like I make a difference in the patients' lives by making sure their environment is clean."*

Originally from Summerside, Jantina has always loved seniors starting with her grandparents as a young child. Her favorite parts of her job include interacting with the patients, many of whom know her by name, and learning about patients' families, pets and other interests. She also loves seeing the staff on the unit every day; they are like family to her and have welcomed her as part of the team.

Over the past year and a half, COVID-19 has brought many changes to Health PEI, including to Jantina's work.

**"COVID-19 impacts are important to environmental services."**

She has received intensive training on how to respond to many potential COVID-19 situations and feels prepared to work in any circumstance.



*Jantina MacLeod, Environmental Services Worker*

# Quality & Safety

## Goal 1

**Support a culture of quality, safety and security at all Health PEI sites —**



### Strategic Priorities

Improve patient and workplace safety and security

Embed principles of patient- and family-centered care to enhance patient experience at all levels of the organization, including: direct care, program and service planning and leadership

Increase engagement with patients, staff, members of the public and Island communities

## **Linkages to the Canadian Quality and Patient Safety Framework for Health Services**

People-Centered Care



Safe Care



Health PEI's pursuit of quality and safety is at the core of fostering a culture of patient and work place safety that is complemented by implementing continuous quality improvement, training and support for staff and focusing on person-centered care.

### Highlights

#### Patient Safety and Quality Improvement



[HealthPEI.ca/PatientSafety](https://HealthPEI.ca/PatientSafety)

- Preparation continues for the summer 2022 accreditation cycle for Health PEI with the completion of the self-assessment surveys by frontline staff, managers and leaders. Health PEI will be evaluated using four mandatory standards: Infection Prevention and Control, Leadership, Medication Management and Governance, and 24 additional programs/service areas related to the various surveys and programs currently offered by Health PEI.
- Monthly communications were implemented across the organization targeting: Required Organizational Practices (ROP), Accreditation standards as they relate to each program and their defined processes, quality improvement work plans, the auditing of indicators and processes for mock tracers.
- An indicator dashboard using the RStudio platform was created to standardize all quality improvement data into one centralized location making data accessible to quality team chairs and senior leaders.
- The Health PEI Board's Quality and Safety Committee reviews all serious incidents on a quarterly basis and monitors the time of follow up and implementation of recommendations.
- The Governance Functioning Tool, a mandatory accreditation instrument, was completed by Board members in July 2020. The Governance Functioning Tool was developed by Accreditation Canada to assist organizations in understanding their governance function. The survey results were reviewed by Health PEI Board members in September 2020 and areas for focus and actions for improvement were identified.
- Key initiatives from the *2019-2021 Patient Safety Culture Action Plan* were implemented such as the TeamSTEPPS Program (two sessions at Western Hospital and ongoing sessions), *Just Culture* education (ongoing sessions) and the Leadership Excellence in Quality and Safety Awards (awarded at the 2020-2021 Annual General Meeting) to improve team work and communication skills among staff in order to prevent and mitigate harm to patients.
- Obtained staff feedback on the culture of patient safety at Health PEI through seven focus groups with 50 participants that defined the development of key actions for the Patient Safety and Worklife Pulse working groups.
- Reviewed the current Quality Improvement Activity process with jurisdictional scans completed on mandatory reporting, disclosure, policy and legislation needs; continued review of policy; and planning for collaboration with the Department of Health and Wellness to review legislation.
- Continued the development of a new *Provincial Falls Reduction Program and Policy* with a literature review completed, policy drafted and development of workflows from a provincial perspective.
- Implemented new operational standards for the Clinical and Organizational Ethics Committee, including: completed education through tabletop exercises with over 60 participants from across the organization, updated information on the Staff Resource Centre and provided virtual education on ethics provided through the Nova Scotia Health Ethics Network in October 2020 with over 90 participants.
- Established the Rehabilitation and Processing Quality Improvement Teams (QITs) to improve alignment with operations and patient flow.
- Coordinated and standardized QIT terms of reference, membership and reporting templates and linkages to the Quality and Safety team to support a provincial approach for work plans, policies and workflow processes.
- A pharmacist and registered nurse have been hired to support the use of IV pumps and automated dispensing cabinets in Health PEI facilities. These clinical positions will guide accreditation, monitor use and identify best practices.

- Created the preliminary draft of the Health PEI policy framework to guide the development and implementation of policies. Additional research and engagement will take place during the 2021-2022 year.
- The multi-year Managing Obstetrical Risk Efficiently (MORE-OB) initiative is ongoing with contract development taking place and formation of working groups at QEH and PCH. Workshops are being planned for early 2021-2022. The MORE-OB Program is a web-based platform that supports comprehensive patient safety, quality improvement and professional development for caregivers and administrators in hospital obstetrical units.
- ✘ Assess the learning needs of employees related to workplace violence and support the development, implementation and evaluation of a violence prevention education program curriculum.
- ✘ Identify and evaluate indicators of measurement to ensure hazards/risks are proactively identified and eliminated/minimized.
- Worked toward completion of the Canadian Foundation for Healthcare Improvement (CFHI) EXTRA Program Project: “Prevention and Reduction of Workplace Violence in Long-Term Care.” The improvement project is focused on developing a violence prevention and response model piloted in a dementia unit at Beach Grove Home. The improvement project is aimed at equipping employees and managers with appropriate processes and education/training, which will lead to decreased violence incidents.

### Workplace Wellness and Safety

- Continued the implementation of a provincial standardized Violence Prevention Program utilizing evidence-based best practice, including: policies/procedures, communication strategies to mitigate risks of violence, and a comprehensive violence prevention education curriculum. Health PEI established a Provincial Violence Prevention and Reduction Steering Committee in February 2020 with representation from Health PEI, all union presidents, union front-line members, the Workers Compensation Board of PEI, and Patient/Family Partners. Objectives of the committee include:
  - ✘ Conduct a risk assessment of organizational factors related to workplace violence.
  - ✘ Participate in the selection of control measures to mitigate risks of violence.
  - ✘ Develop or review policies, measures, and procedures related to workplace violence prevention and reduction.
- Implemented Culture of Safety initiatives through the introduction of a “Safety Talks” series which is a wellness or safety related educational resource that is communicated to employees on a weekly basis starting in January 2021.
- Continued to offer comprehensive wellness and safety training and education opportunities for staff, including:
  - ✘ Respectful Workplace Workshops – An overview of the *Health PEI Respectful Workplace Policy*, information on how to settle workplace disputes, and how to use issue-based problem-solving in conflict resolution.
  - ✘ Compassion Fatigue and Burnout Training – Training program to introduce the concepts of compassion fatigue and burnout in our health care workers; the physical, emotional, and psychological impact of helping others.

### *Patient- and Family-Centered Care (PFCC) and Engagement*

- Health PEI Patient- and Family Partners participated in a variety of QIT and Committees across Health PEI services bringing the patient perspective to staff discussions on service improvement and preparation for the next Health PEI accreditation. Patient and Family Partners are volunteer roles in the health system which provides a patient perspective in service development.
- Patient and Family Partners continued to support the pandemic response by providing feedback and a patient/family perspective on redevelopment and operational planning as well as new protocols (*Health PEI COVID-19 Pandemic Visitor and Compassionate Grounds Protocol for Health PEI facilities*) and modifications for existing policies (*Health PEI Family Presence Policy*).
- New Health PEI patient experience manager position was created and filled. This new position is responsible for the development, implementation and evaluation of strategies to advance PFCC across Health PEI. The role provides direction for the implementation of programs and processes designed to build and enhance patient engagement. Enhanced communication, new partnerships, education and training are ways that this role will further advance patient engagement.
- For the last two years, the Maternal Child Care Unit at PCH has implemented a new approach known as 'Eat, Sleep, Console.' This is a new, less medicalized, and more patient-centered approach to treating infants at risk of neonatal abstinence syndrome. This approach has already been shown to be effective, has reduced the initiation rate of morphine and has reduced the total length of stay in hospital. PCH was one of the first hospitals in Atlantic Canada to use this new approach.

- Mental Health Services adopted numerous PFCC approaches to service during the COVID-19 pandemic:
  - ✘ Provision of Chromebook computers for the units of Hillsborough Hospital to enable patients to have Zoom visits with family members.
  - ✘ Provision of increased virtual care options throughout the division allowing for timely assessment and treatment of patients.
  - ✘ Community mental health clinics responded with increased telephone counseling and follow up when in-person services could not be provided.



[HealthPEI.ca/MentalHealth](https://healthpei.ca/MentalHealth)

- Members of the PFCC Steering Committee were represented on an Atlantic Patient and Family Centered Care Collaborative Committee which focused on patient experience issues during the COVID-19 pandemic. Areas such as family presence policies and other COVID-19 protocols in health jurisdictions across the region were discussed and procedures were shared and implemented.
- Staff and public had opportunities to provide their perspectives into various Health PEI initiatives, including but not limited to: service planning and evaluations for virtual care, physician resource planning, primary care, community and acute care hospitals, LTC, patient and workplace safety, and MHA.

# Staff Profile

## Bob Lyons

As a social worker in the Home Care Program, Bob Lyons acts as a liaison between clients and the health care system. The majority of his day is spent completing assessments, developing plans of care and coordinating case conferences. Bob works as part of an interdisciplinary team that includes physical therapists, occupational therapists (OT), nurses, and home support workers. He also collaborates with physicians, geriatrics, psychiatry, mental health, nutrition and other community providers.

Though he is originally from Boston, Bob has always had dual citizenship as his grandparents are from Souris, PEI. After many summers spent visiting the Island, he eventually moved here. Prior to that, he completed his Bachelor of Arts in Sociology at the University of Montana and his Masters in Social Work at the University of Massachusetts. Bob says his greatest education was during his time as a US Peace Corps volunteer. During the AIDS epidemic in 1992-1995, he worked as a social worker in rural health clinics in both Guatemala and Thailand.

Overall, Bob spends much of his time advocating for clients and their families, many of whom are journeying through major life transitions such as admission to LTC and end-of-life palliative care.

“My job is interesting, diverse and challenging and, though some days are unpredictable, I enjoy working for the betterment of society’s most vulnerable groups.”



*Bob Lyons, Social Worker*



# Staff Profile

## Dr. Janet Rogerson

*"We may be a small province but we can deliver excellent care."*

Originally from PEI, Dr. Janet Rogerson completed medical school at Memorial University in Newfoundland. Before she returned to the Island in 2007, she worked and trained in Haiti, Kenya, Boston, London, and in multiple Canadian provinces. Currently, Dr. Rogerson is the Medical Director of Long-Term Care at Health PEI and works part time as a hospitalist physician at the QEH.

As a hospitalist, Rogerson provides inpatient medical care to patients who do not have a family physician, or whose family physician does not provide hospital-based care. One of her favorite things about this role is working directly with patients during what is often one of the most vulnerable times of their life. In her role as the Medical Director of Long-Term Care, Dr. Rogerson collaborates with a team of nurse practitioners (NP) who provide care to the residents of Health PEI's LTC homes. A large part of her role involves policy development, translating evidence into action, and identifying opportunities for improvement. What motivates her most is the opportunity to break down barriers to high-quality care.

*"There are always opportunities to do better."*

While she recognizes that our current system of institution-based care is not ideal, Dr. Rogerson sees great potential in the Island's health care system and, more specifically, in our ability to improve care for seniors. It is for that reason that she co-chairs the Seniors' Health Service Plan, a provincial group that aims to redesign seniors care across the continuum. She is hopeful and

optimistic the system will continue to improve. That optimism, she said, is a product of the great team of people she works with. Rogerson uses the COVID-19 pandemic as an example of what this team can accomplish. There have been no COVID-19 infections in LTC, no hospitalizations and no deaths.

It is because of this resiliency that she knows Health PEI has the people and the passion to improve. She looks forward to finding ways to be innovative as a system and to become architects of better solutions.

*"With great people, the right tools, and a vision, we can do anything".*



*Dr. Janet Rogerson, Long-Term Care Medical Director/Hospitalist*

# Staff Profile

Mary Nisbet

Mary Nisbet is the clinical nurse lead for the Queens West Primary Care Network\*. As part of the leadership team, she oversees the NPs, registered nurses (RNs) and licensed practical nurses (LPNs) in her network. She also manages a caseload of her own and says the best part of her job is caring for patients and putting her clinical skills into practice.

Mary graduated with an RN diploma from the PEI School of Nursing in 1988. In 2002 she obtained her BN degree at the University of New Brunswick before completing her Masters of Nursing at Memorial University in 2007. As one of the first clinical nurse leads, Mary has worked in primary care for 19 years.

“Mary is a great leader in primary care, her knowledge and expertise is very much appreciated.”

- Colleagues

Primary care nursing is multifaceted and includes anti-coagulation clinics, hypertension clinics, secondary stroke prevention, case management, chronic disease management (such as Chronic Obstructive Pulmonary Disease (COPD)), prenatal and newborn care. Most recently, primary care RNs and LPNs have been utilized to support the COVID-19 response. As part of her role, Mary helps decide what nursing supports the network can offer to the pandemic response while still maintaining essential programs and services. It is her priority to ensure the workloads of redeployed staff are covered and that everyone has the supports they need. She says this is made easier with a very supportive team because “everyone is willing to help out”.

*\*Mary retired from her clinical lead role on June 17, 2020. She continues to work as a casual primary care RN.*



Mary Nisbet, Clinical Nurse Lead

# Access & Coordination

## Goal 2

*Provide improved access to community-based health, and mental health and addictions services through increased coordination —*

### Strategic Priorities



Improve access to primary care services

Improve access to mental health and addictions services

Improve access to community-based specialized care programs for chronic and complex clients

Enhance home care services

### *Linkages to the Canadian Quality and Patient Safety Framework for Health Services*

People-Centered Care



Accessible Care



Integrated Care



Progress was made over the last 12 months in increasing and enhancing access to services for the Island community. Key initiatives in primary care, mental health and addictions, home care and seniors care supported Islanders in accessing the care they needed during a challenging time.

## Highlights

### Primary Care

- Health PEI, the Department of Health and Wellness, the Medical Society of PEI, the PEI College of Family Physicians, and the Department of Social Development and Housing collaborated to develop the two-year Primary Care Road Map which will be released later in 2021. The Road Map focuses on the development of quality, equitable and patient-focused primary care services.
- Operational funding has been provided to support collaborative care promoting timely and equitable access across the primary care networks:
  - ✦ One NP, five RNs, two LPNs, one medical secretary, two social workers (hiring being finalized for one of these positions as of end of fiscal year) were hired to work in primary care and diabetes.
- Recruitment continued across the province to fill family physician vacancies.
- A building lease was secured to re-locate five family practices into a shared collaborative family practice in Stratford. Practices are expected to be relocated early in the 2021-2022 fiscal year.

### Rural Health Care

- Ambulatory care services at Kings County Memorial Hospital (KCMH) have been stabilized by the addition of a dedicated 1.0 full time, RN to the service.
- In order to sustain and stabilize inpatient and hospital care services, new positions have started in 2020-2021 at KCMH: RNs, nursing clinical educator, personal care worker and social worker.



[HealthPEI.ca/KCMH](https://HealthPEI.ca/KCMH)

### Mental Health and Addictions (MHA)

- Master Planning established structures for moving MHA redevelopment forward:
  - ✦ Clinical and Operational Readiness Committees were established to prepare for each new service that was started for MHA programs. This ensures that clinically, there is the application of best evidence and clarity on staffing models, service locations and hours of operation for each new service starting. This work also supports ensuring that all operations are in place to deliver safe and secure services for clients and staff: security, materials and supplies, meals and laundry services will be functioning appropriately.
  - ✦ Clinical approvals have been secured for Lacey House.
  - ✦ Construction for the Structured Support Home and Adult Day Treatment Program was underway during 2020-2021. The unit will provide acute residential and day treatment for adults with a range of mental health conditions who require less than hospital but more intensive treatment options that are currently only available off-Island. Policy and program research also took place for this program over the fiscal year.
  - ✦ Completed stakeholder consultation and approval for new clinical documentation system for all MHA services. Capital submissions have been submitted to secure funding to acquire new clinical documentation systems. Implementation of the new systems will occur in 2022.
  - ✦ Completed robust staffing analysis for all new MHA programming that will occur as result of redevelopment.
  - ✦ Participated in extensive consultation on functional and design planning for sites in each new program area. These include: Community Health Centre – Alberton, Lacey House, Structured Housing, and the new ED and Short Stay Unit at the QEH.

- Bridge the gapp, an online resource that helps users with finding mental health and substance use support information and select what best meets their needs was launched in December 2020.



- School Well-Being Program (Phase 3) – Teams representing both MHA and Public Health for this program promote knowledge, resilience and coping skills for students to achieve overall well-being including mental health and disease prevention. Over the last year, the 1.0 FTE psychologist position and team lead positions have been filled. The teams are also working to staff existing vacancies.
- Health PEI signed a new five-year agreement with the Queen Street Methadone Clinic to provide outpatient opioid replacement therapy services to clients and in 2020-2021, a junior counsellor was added to the clinic.
- Three forensic psychiatrists have been contracted by Health PEI to provide care and risk management of forensic clients/patients both in facility and in the community.

### Home Care

- Support has been increased for East and West home care clients through the hiring of nursing staff to provide evening coverage with staffing completed in March 2020.
- Implementation of the multi-year InterRAI project continued in 2020-2021 with the hiring of scheduling clerks and nursing staff. InterRAI home care tools are designed to be a user-friendly, reliable and person-centered assessment system that informs and guides comprehensive care and service planning in community-based settings.

- Funding was provided to the Mobile Integrated Health program to stabilize services and ensure coverage was provided 11.5 hours per day, 7 days per week. At the end of the fiscal year, the new contract with Island EMS was being developed.
- Home care nursing clients were provided with the supplies necessary to meet client care needs through new funding for the provincial home care program. To date, 102 clients have accessed specialized nursing supplies for wound care, IV therapy and/or compression therapy.
- To support frail seniors with complex needs to age in place at home in their communities, four home support workers were hired for Queens, Kings and Prince Counties. Additional support workers are expected to start in early 2021-2022.

### Long-Term Care (LTC)

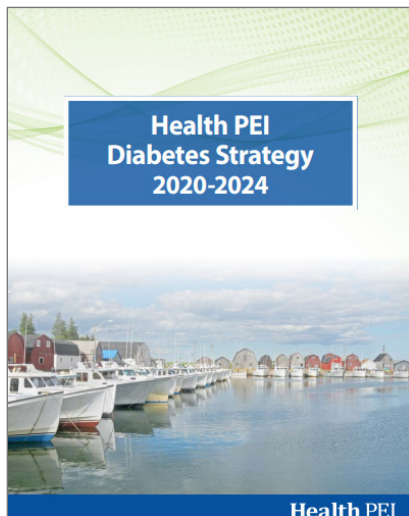
- Access to rehabilitation services for LTC residents was increased through the addition of positions in OT, recreational therapy and rehabilitation assistants. Additional resources will support increased opportunities for resident mobilization and an expanded range of therapeutic activity options.
- Medical travel cost coverage for subsidized LTC residents started in fall 2020. With this program, subsidized Health PEI LTC residents receive a full-cost subsidy for pre-approved medical travel. To date, approximately \$50,000 has been paid for medical travel.
- A new LTC nutrition services management position was created to support LTC East Prince.



[HealthPEI.ca/LongTermCare](https://HealthPEI.ca/LongTermCare)

### Chronic Disease

- The Health PEI Diabetes Strategy was launched in November 2020 and focuses on the prevention, detection and management of diabetes in Islanders of all ages. Through the strategy, Islanders will be supported in the prevention of diabetes by reducing risk factors, screening for diabetes and the day-to-day management of diabetes.



- To improve access to supplies for Islanders living with diabetes, coverage provided by the Provincial Pharmacare Program increased the number of blood glucose test strips available to clients from 100 to 120 strips per month.
- Benefits coverage was extended until the age of 25 for Insulin Pump Program to better support access to financial assistance for lower income families.
- A provincial coordinator for COPD was hired in 2020 to provide provincial leadership and coordination for planning and evaluation of provincial COPD Programs including clinical support for the provincial INSPIRED Program. This position connects with persons at the highest risk of an acute exacerbation of COPD (meeting INSPIRED criteria) for early identification of concerns and provides advice on supports available that best meet their needs.

### Access to Specialist Services and Community Services

- Two OTs have been added to the QEH rehabilitation department to support inpatient care. At PCH, 1.5 OTs were added to support rehabilitation patients.
- The establishment of the multi-year Midwifery Program has commenced with a review of models of care, stakeholder consultations, formation of a steering committee to lead the work and hiring of a chief advisor consultant for the Health PEI program.



[HealthPEI.ca/Midwifery](https://HealthPEI.ca/Midwifery)

- In March 2021, the Social ABCs Program was launched to connect children waiting for autism assessments with interventions. This program is a structured, evidence-based early intervention program for children identified as possibly having autism spectrum disorder (ASD).
- New specialist physicians were hired, including: 1.0 cardiologist, 1.0 hematologist and critical care specialist, 1.0 rheumatologist, and 1.0 urologist.
- New drugs were added to the Provincial Pharmacare Formulary which provided coverage for the following drugs included in the High Cost/Catastrophic Drug Program: bosutinib, ponatinib, ruxolitinib, vismodegib, durvolumab, carfilzomib, combination therapy with ipilimumab and nivolumab, brentuximab, midostaurin, osimertinib and fulvestrant.



[HealthPEI.ca/Formulary](https://HealthPEI.ca/Formulary)

# Staff Profile

## Stephanie Gaudet

Stephanie Gaudet is a registered nurse at Health PEI. She serves as a nurse manager in West Prince, overseeing the inpatient beds and ambulatory care units at both Community Hospital O’Leary and Western Hospital. Stephanie provides leadership and support to nursing staff at both facilities, working with them to develop and deliver appropriate plans of care. She also works to foster professional development and to ensure nursing staff continue to work to their full scope of practice.

Stephanie finds value in professional development and often seeks opportunities to build new professional competencies. She graduated from St. Francis Xavier University in 2008 with a Bachelor of Science in Nursing and has since participated in the Critical Care Nursing Program at UPEI.

Most recently, her role as nurse manager has meant preparing the hospital for a possible COVID-19 admission. As West Prince nursing staff underwent training and participated in mock exercises, Stephanie’s top priority was supporting her staff.

“It is important to advocate for staff’s well-being during challenging times.”

It is also key, she said, to be innovative and creative, something for which West Prince has a great track record.

Prior to the COVID-19 pandemic, West Prince became a leader in virtual care by implementing Tele-rounding, an initiative to provide inpatient physician coverage for unaffiliated patients. At the time, Stephanie was a clinical nurse educator and was involved in the planning, implementation and evaluation of the new platform. As she reflected on this process, she highlighted the tremendous ability of the staff to adapt to new challenges.

Despite the unique challenges characteristic of any rural health care site, Stephanie emphasized how well the small nursing teams work together.

“They go above and beyond in their role” she said.

Stephanie is eager and enthusiastic to continue contributing to the team’s success at both facilities.



Stephanie Gaudet, Nurse Manager

# Staff Profile

## Trallawny O'Meara

For Trallawny O'Meara, the best part of her job is assisting patients in reaching their goals and educating families on how they can help their loved ones.

As an inpatient physiotherapist on the Restorative Care and Mental Health units at the PCH, Trallawny helps patients achieve optimal function and independence before they return home from the hospital. In collaboration with other members of the care team, she assesses patients and prescribes specific treatment plans and equipment based on their clinical presentation, diagnosis and goals for discharge.

“Physiotherapy is a rewarding career as there is so much to learn from patients, their families and the other professions I work with on a daily basis.”

Trallawny first became interested in physiotherapy when it was introduced as a new position at Western Hospital. Her mother was a nurse there at the time and mentioned the profession to Trallawny as one she may be interested in. Once she had the opportunity to shadow a physiotherapist, the rest was history. After high school, she attended Queen's University where she completed the educational requirements to become a

physiotherapist. Unfortunately, during this time a family member suffered an injury and became an incomplete quadriplegic. The therapy he received as an inpatient on PEI was amazing. This further solidified her decision to return to the Island to practice inpatient physiotherapy. Though inpatient physiotherapists are best known for getting patients up and moving safely, they do much more than that. Trallawny is responsible for prioritizing referrals to the physiotherapy service and for completing chart reviews to stay on top of any changes in patients' conditions. A large part of Trallawny's role involves collaboration with other professions such as physicians, nursing staff, physiotherapy assistants, OTs, and occupational therapy assistants. Discharge planning is also part of her role. Trallawny prepares patients and their families for their transition back into the community and provides assistance accessing the supports they need for a successful discharge such as equipment and community follow up.

Trallawny couldn't be happier to be a part of the Health PEI team. As she strives to improve her patient's quality of life, she knows for certain that each and every one has improved hers.



*Trallawny O'Meara, Physiotherapist*



# Innovation & Efficiency

## Goal 3

*Develop new and innovative approaches to improve the efficiency and utilization of acute care services and ambulatory care resources —*

### Strategic Priorities



Improve patient flow

Reduce wait times in emergency departments (ED)

Ensure appropriate use of ambulatory care resources

Increase use of innovative practices

### *Linkages to the Canadian Quality and Patient Safety Framework for Health Services*

Accessible Care



Appropriate Care



Integrated Care



The events of the last year have demonstrated the need to be creative and efficient in our work. Virtual care and supporting efficient patient flow have been pivotal in maintaining the care provided. The importance of system supports has been recognized in the day-to-day operations of Health PEI.

## Highlights

### Patient Flow and System Utilization

- Planning for the next three-year patient flow strategy took place in 2020-2021. The strategy will be developed in conjunction with the *Health PEI 2021-2024 Strategic Plan*.
- COVID-19 Response (March 2020 - Spring 2021):
  - ✘ Worked with COVID-19 Joint Response Team (JRT) to plan for potential COVID-19 patient hospitalizations, hospital bed surge planning escalation and de-escalation.
  - ✘ Provided data regarding hospital occupancy to JRT for monitoring.
  - ✘ Assisted in development of COVID-19 Surge Plan in the event of a large number of hospitalizations.
  - ✘ Assisted COVID-19 Operations Branch with roll-out of the Cough and Fever Clinic.
- Acute Care Planning:
  - ✘ Completed the ED to inpatient project to improve Time Waiting for Inpatient Beds (TWIB) wait times at PCH.
  - ✘ Completed the Discharge Planning – Expected Date of Discharge (EDD) and Discharge by 11 am projects.
  - ✘ Rolled out Provincial Bed Board and Provincial Bed Management Team with ongoing reports and training.
  - ✘ Implemented *Overcapacity Policy*.
- Assisted with tabletop activities at QEH to further plan and improve patient flow.
- Worked on provincial bed Management standards and presented to directors of nursing.
- Developed and worked on two projects for Alternate Level of Care (ALC) patient population to determine needs required for discharge.

### Innovative Practices

- A virtual care coordinator was hired to support the expansion of virtual care services across PEI.
- During the COVID-19 pandemic, providers from different service areas and clients used virtual care to stay connected with each other and support the continuity of care for many months. Providers from acute care and community services connected with patients using different platforms such as Zoom for Health Care, Telemerge and Maple:
  - ✘ Over 10,000 visits took place during the year on Zoom for Health Care.
  - ✘ Telemerge was used for 320 consults in Psychiatric Urgent Care Centres.
  - ✘ Access to a primary care provider for unaffiliated patients was provided through Maple with 2,460 patients being registered for the program over the last year.



[HealthPEI.ca/VirtualCare](https://HealthPEI.ca/VirtualCare)

- Teleconferencing and video conferencing were also used by Patient and Family Partners to safely complete consultations from their home ensuring continued engagement and collaborations throughout the pandemic.

### *System Supports*

- The following positions were added to the human resources (HR) team to support the effective and efficient delivery of HR services across Health PEI:
  - ✦ 1.0 HR manager
  - ✦ 2.0 HR coordinators
  - ✦ 1.0 HR analyst (in final staffing process as of March 31, 2021)
- The Dragon Speech Software update was completed in 2020-2021. Dragon Speech is the front-end speech recognition software program utilized by physicians to dictate their notes and histories.
- Three staff members accepted offers for NACRS coders in the QEH ED Records. NACRS stands for the National Ambulatory Care Reporting System and these roles provide much needed support to code critical data on ED visits for this system.



# Financial Highlights

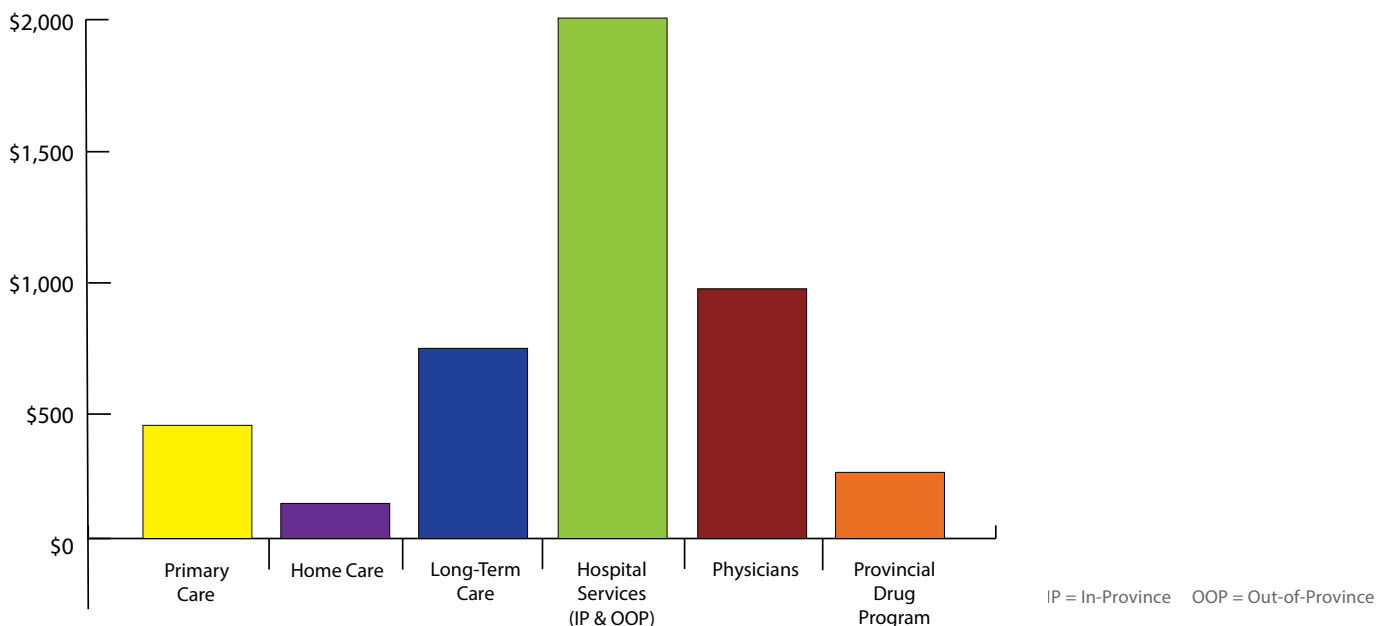
This section of the annual report highlights the organization's operations for the fiscal year ending March 31, 2021. This financial section should be read in conjunction with Health PEI's Audited Financial Statements (Appendix C).

Operations	Operating Activities
Revenues	\$ 748,827,002
Expenditures	\$ 748,827,002
Subtotal - Operating Surplus (Deficit)	\$ -
Capital	
Revenues	\$ 10,923,936
Amortization	\$ 20,742,480
Capital Transfers	\$ -
Subtotal - Capital	\$ (9,818,544)
<b>Annual (Deficit) Surplus</b>	<b>\$ (9,818,544)</b>

## Expenses per Capita

Budgeted spending per capita highlights the Provincial Government's health expenditure by use of funds divided by the population. This indicator allows Health PEI leadership to target and track service enhancement and better manage spending in specific areas. Targets are based on anticipated areas of growth or projected needs for additional resources to meet the needs of Islanders.

### 2020-2021 Expenses per Capita (Actual)



# Financial

## Highlights (Continued)

### Expenses by Sector

**Primary Health Care and Provincial Dental Program:** Expenses relating to the provision of primary health care by nursing and other health care providers, including: community primary health care, community mental health, addiction services, public health services and dental programs.

**Home-Based Care:** Expenses relating to the provision of home nursing care and home support services.

**Long-Term Care:** Expenses relating to the provision of long-term residential care, including palliative care.

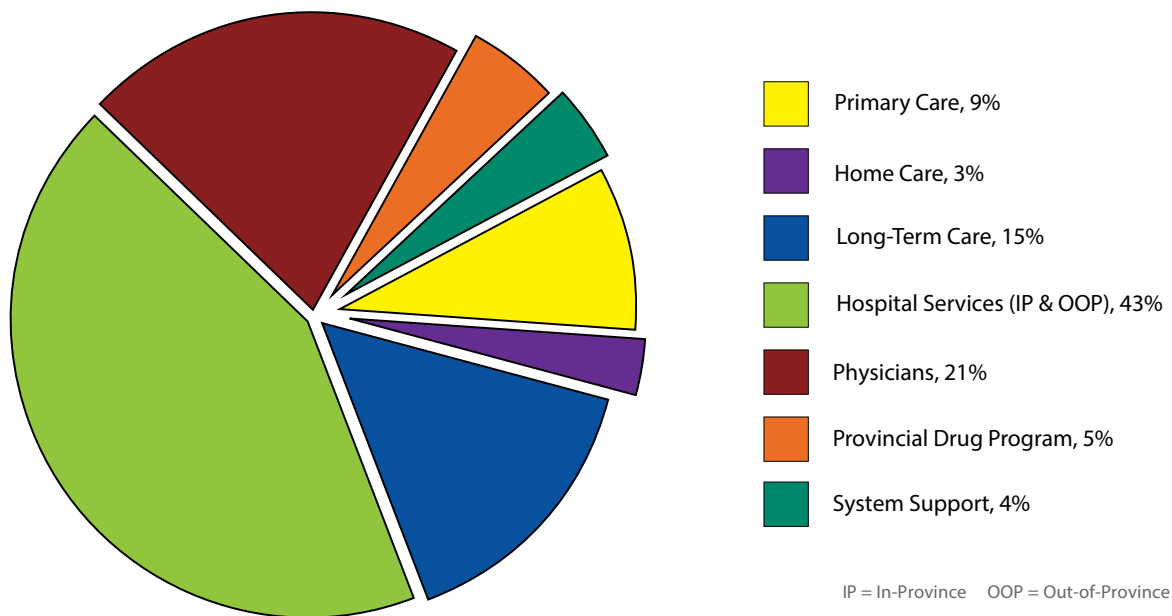
**Hospital Services:** Expenses relating to acute nursing care, ambulatory care, laboratory, diagnostic imaging, pharmacies, ambulance services, the Clinical Information System (CIS), renal services and OOP medical care for Islanders.

**Physicians:** Expenses relating to services provided by physicians and programs for physicians, including: primary health care, acute medical care, specialty medical care and the Medical Residency Program.

**Provincial Drug Programs:** Expenses relating to the provision of pharmacare programs, including: the Seniors Drug Cost Assistance Program, Social Assistance Drug Cost Assistance Program and High Cost Drugs Program.

**System Support Services:** Expenses relating to the provision of centralized, corporate support services, including: strategic planning and evaluation, risk management, quality and safety, HR management, financial planning and analysis, financial accounting and reporting, materials management, and health information management.

### 2020-2021 Expenses by Sector (Actual)



# Health PEI

## By the Numbers

Employees*	2018-19	2019-20	2020-21
Nursing (NPs, RNs, LPNs, RCWs & PCWs)	1,755	1,774	2,280
Administration and Management	200	206	213
Lab Technicians	176	163	188
Secretarial/Clerical	287	271	302
Utility Worker/Service Worker	393	401	534
Other Health Professionals and Support Staff	1,135	1,100	1,299
Medical Staff			
Family Physicians	121.25	124.85	124.15
Specialists	105.5	111.55	114.85
Residents	10	10	10
Hospital-Based Service Volumes Across Health PEI			
Patient Days	168,788	166,127	147,887
Discharged Patients	15,330	15,200	14,036
Average Variance between Length of Stay and Expected Length of Stay (Days)	2.42	2.37	1.60
Alternate Level of Care (ALC) Patient Days	27,854	32,846	26,338
Average ALC Beds as a % of Total Medical Beds	38.0%	44.0%	48.0%
Emergency Department (ED) Visits	94,187	91,759	77,854
Emergency Hold Patient Days	5,396	5,738	5,080
Surgical Procedures	9,832	10,080	9,781
Admissions (excludes Hillsborough Hospital)	15,179	14,855	13,749
Average Length of Stay (days) (excludes Hillsborough Hospital)	9.18	9.76	8.51
Number of Diagnostic Imaging Tests	153,381	152,302	149,399
Number of Laboratory Tests Ordered	2,472,962	2,499,953	2,190,526**
Long-Term Care (public facilities only)			
Occupancy Rate	97.8%	98.1%	95.3%
Number of Long-Term Care Admissions	190	240	192
Number of Long-Term Care Beds	598	598	622
Number of Long-Term Care Facilities	9	9	9
Average Length of Stay (years)	3.0	3.3	2.8

\*Permanent full-time equivalents.

COVID-19 impacts to services provided:

\*\*Despite increased COVID-19 testing volumes, data reflects a decrease in overall requests due to the following pandemic related factors:

1) decreased hospital capacity resulting in less inpatient orders, 2) outpatient collections limited to transplant, renal, and cancer care patients (i.e. no routine bloodwork), and 3) reduced physician office visits leading to less offsite requests.



HealthPEI.ca/ByTheNumbers

# Health PEI

## By the Numbers (continued)

Home Care	2018-19	2019-20	2020-21
Number of Clients Served by Home Care	4,297	4,456	4,834
Number of Home Care Clients that are 75+ Years Old	2,478	2,462	2,520
Mental Health and Addictions			
Community Mental Health Provincial – Referrals	5,980	5,616	5,199
Community Mental Health – Crisis Response	2,023	2,028	1,458
Addiction Services – Total Admissions	2,925	2,873	2,445
Primary Health Care			
Primary Visits	611,711	607,598	395,176***

COVID-19 impacts to services provided:

\*\*\* Data reflects the move to essential services and the transition of in-person visits to virtual visits.



# Patient & Family Partner Profile

## Arleigh Hudson

A couple of years ago, Arleigh Hudson saw a call for volunteers in her local newspaper. Health PEI was seeking individuals to participate on committees as Patient and Family Partners. The volunteer position was appealing to Arleigh because it offered an opportunity to learn about and influence the health care system. She became a member of the Public Health QIT, and has since participated on the Patient and Family Advisory Council as well as the Baby Friendly Initiative Committee at PCH.

rewarding and provides her a sense of meaning and purpose beyond her responsibilities as a stay at home parent. It also provides a glimpse of what we can achieve when health care and the community work together toward common goals. The time commitment is manageable and the continued opportunity for learning has made the position worthwhile. She recommends it to anyone with an interest in the health system.

“As a Patient and Family Partner, I offer input and perspective on a range of health care related subjects.”

At first, it was intimidating to speak up in meetings and to believe that she had something useful to offer. However, once she got to know the other team members, she became more comfortable. Thus far, all the groups she has been a part of have been respectful, patient and appreciative of her input. Arleigh notes this as the most enjoyable part of being a Patient and Family Partner – having the opportunity to participate on a professional team that is committed to improving health care. For Arleigh, the Patient and Family Partner role is

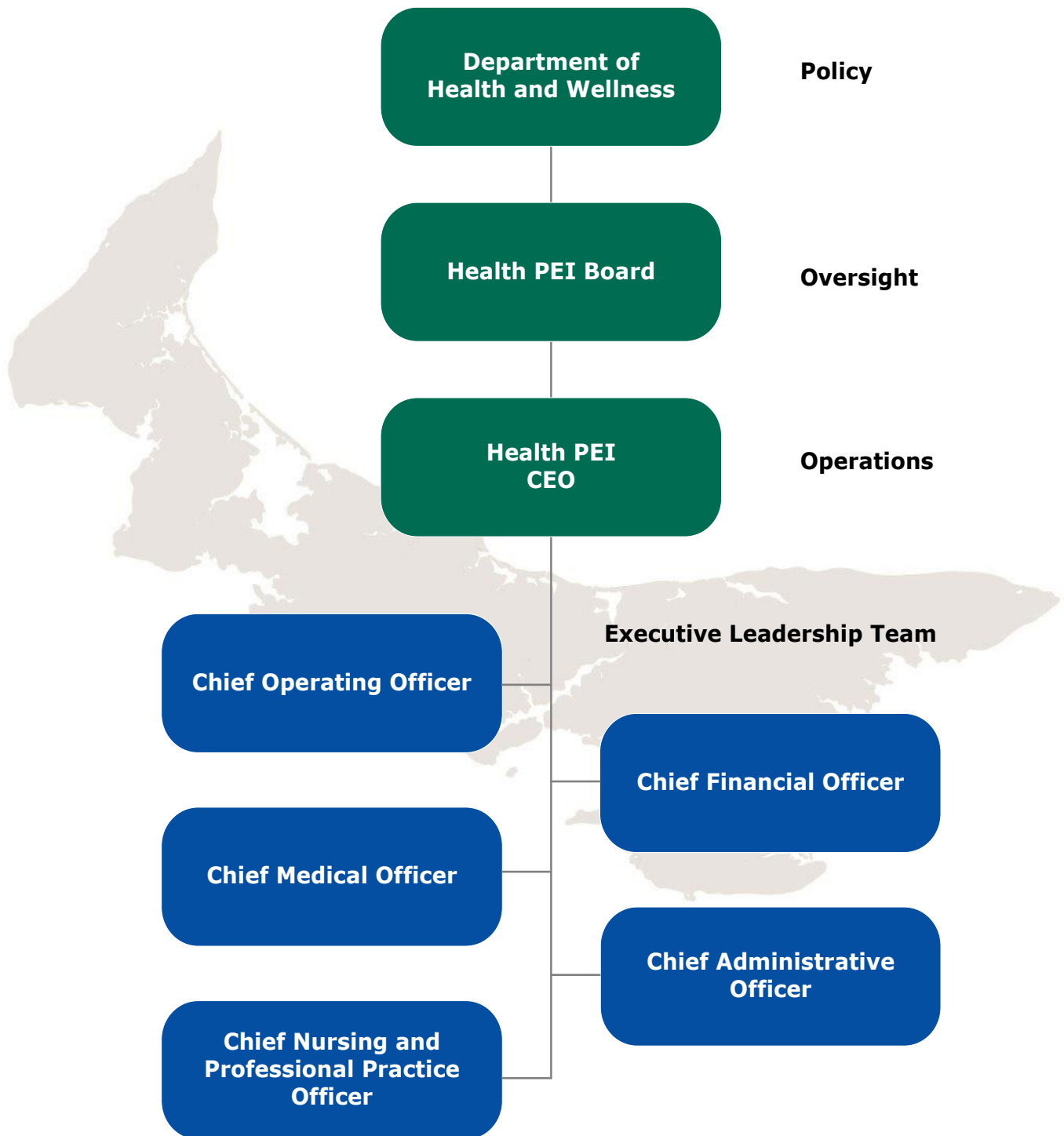


*Arleigh Hudson, Patient and Family Partner*



# Organizational Structure




## Appendix A



# Scorecard

## Appendix B

Priority	Indicator	Target	2019-20	2020-21
<b>Goal 1: Quality and Safety</b>				
<b>Improve patient and workplace safety &amp; security</b>	Adverse events incident rate for acute care patients and long-term care residents - Levels 4 & 5 (rate per 1000 patient/resident days)	0.13	0.20	0.26
<b>Embed patient- and family-centered care in decision making</b>	Percentage of Health PEI committees with patients and/or families representative(s)	100%	84%	87.5%
<b>Engage with patients, staff and members of the public and communities</b>	Total number of engagement sessions and community conversations related to health	10% increase from 2019-20	550	186*
<b>Goal 2: Access and Coordination</b>				
<b>Improve access to primary care services</b>	General practitioners and nurse practitioners employed in primary care per 100,000 population	74.6	78.2	71.4
<b>Improve access to mental health and addiction services</b>	Median wait time for psychiatry service for clients triaged as urgent (in days)	24.6	57.5	15
<b>Improve access to community based specialized care programs for chronic and complex clients</b>	Ambulatory care sensitive conditions (rate per 100,000 population younger than age 74)	420	409	287
<b>Enhance home care services</b>	Average length of stay in the Frail Senior Program for discharged clients (in years)	0.84	0.90	0.92
<b>Goal 3: Innovation and Efficiency</b>				
<b>Improve patient flow</b>	Length of stay (LOS) variance: Acute LOS minus expected LOS (ELOS) (in days)	1.67	2.23	1.54
<b>Reduce emergency department wait times</b>	Emergency Department Wait Time for Physician Initial Assessment (TPIA) - 90th Percentile (in hours)	3.5	5.07	4.49
<b>Ensuring appropriate use of ambulatory care services</b>	% of consult-related visits in ambulatory care clinic(s) (potentially inappropriate services)	4.36%	3.95%	4.22%
<b>Increase the use of innovative practices</b>	Total number of real-time clinical sessions delivered via telemedicine	350	1,245	198**
<b>Strategic Enablers</b>				
<b>People</b>	Sick days per budgeted full-time equivalent (FTE)	10.52	5.41	10.44
<b>Finance</b>	% of variance from budget	+/-0.5%	0.45%	0.12%
<b>Innovative and efficient technology</b>	% of inpatient encounters with PowerPlan (electronic order set) ordered	100%	97.9%	98.7%
<b>Collaboration and engagement</b>	Number of collaborative appointments in primary care	1,400	1,264	1,131
<b>Communication &amp; information sharing</b>	Total number of Health PEI content pages, publications, news and events on the Government of PEI website (www.princeedwardisland.ca)	973	1,053	1,169

	Performance within acceptable range, continue to monitor.		Performance outside of acceptable range, continue to monitor.		Performance is significantly out of acceptable range, take action and monitor progress.
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\* Data reflects impacts of the COVID-19 pandemic due to: 1) Redeployment of personnel to essential services and the delay of non-essential planning exercises during 2020-2021 and 2) COVID-19 restrictions for gatherings and meetings.

\*\* Data reflects impacts of COVID-19 on telehealth in acute care for services including out-of-province specialist care. Data does not include count of virtual care implemented as part of COVID-19 response.

# Definitions

INDICATOR	DESCRIPTION
Adverse events incident rate for acute care patients and long-term care residents - levels 4 & 5 (rate per 1,000 patient/resident days)	The rate for incidents categorized as level 4 (serious injury) and 5 (death or drastic outcome related to incident per 1,000 long-term care resident and acute care patient days.
Percentage of Health PEI Committees with patients and/or families representative(s)	The percentage of Health PEI committees with a complete complement of patient and family representatives. Committees included support key Health PEI strategic initiatives and accreditation requirements.
Total number of engagement sessions and community conversations related to health	A volume count of the number of formal engagement sessions where staff and/or patients are brought together for educational or planning purposes and community conversations related to health.
General practitioners (GP) and nurse practitioners (NP) employed in primary care per 100,000 population	The standardized rate (per 100,000 population) of the total number of filled FTEs for both GPs and NPs working in Health PEI's primary care networks.
Median wait time for psychiatry service for clients triaged as urgent (in days)	Overall provincial average wait time (in days) for Community Mental Health (CMH) services of an urgent nature. This indicator incorporates both psychiatry (i.e. in community clinics, non-acute) and CMH services (i.e. outreach, therapeutic, seniors) for the triage level of urgent.
Ambulatory care sensitive conditions (rate per 100,000 population younger than age 74)	Age standardized acute care hospitalization rate for conditions where appropriate ambulatory care prevents or reduces the need for hospitalization per 100,000 populations under age 75 years.
Average length of stay in the Frail Senior Program for discharged clients (in years)	The average length of time from the date a client is enrolled in the Frail Senior Program for those discharged over the time period.
Length of stay (LOS) variance: acute LOS minus expected LOS (ELOS) (in days)	The number of days a patient's stay in an acute care hospital exceeds the ELOS. This measure compares acute LOS to ELOS after adjusting for factors that affect in-hospital mortality, such as patient age, sex, diagnosis and other conditions. The ELOS is based on comparison to similar patients in the CIHI Discharge Abstract Database (DAD) national database.
Emergency department (ED) wait time for physician initial assessment (TPIA) - 90th percentile (in hours)	The time interval between the earlier of patient registration or triage time to physician initial assessment (90th percentile in hours).
% of consult-related visits in ambulatory care clinic(s) (potentially inappropriate services)	The percentage of potentially inappropriate services occurring within the ambulatory care centres of Prince County Hospital, Queen Elizabeth Hospital, Western Hospital, Community Hospital O'Leary, Kings County Memorial Hospital, and Souris Hospital.
Total number of real-time clinical sessions delivered via telemedicine	A volume count of real time clinical sessions delivered via video conferencing technology. Clinical sessions are defined as events or sessions involving the clinical use of technology (video conferencing) towards the care of a patient, such as clinician-to-patient or clinician-to-clinician.
Sick days per budgeted full-time equivalent (FTE)	Total sick hours/number of FTEs
% of variance from budget	Material deviation to mean a deviation of (+/-) 0.5% between actual and budgeted expenditures.
% of inpatient encounters with PowerPlan (electronic order set) ordered	The ratio of inpatient encounters with at least one PowerPlan ordered. The nominator is the total number of inpatient encounters with at least one PowerPlan ordered; the denominator is the total number of inpatient encounters (with or without PowerPlan).
Number of collaborative appointments in primary care	The number of appointments within the primary care health centres that are collaborative between the family physicians and the nurse practitioners; more specifically those that have a billing code of "2510 NURSE PRACTITIONER COLLABORATION".
Total number of Health PEI content pages, publications, news and events on the Government of PEI website (www.princeedwardisland.ca)	The total number of Health PEI content pages, publications, news, and events on the Government of PEI website in both English and French. It is reported on quarterly basis; data as of the last date of the quarter will be used.



# Audited Financial Statements

## *Appendix C*

### **HEALTH PEI**

Financial Statements  
March 31, 2021



## Management's Report

### *Management's Responsibility for the Financial Statements*

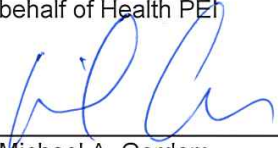
The financial statements have been prepared by management in accordance with Canadian Public Sector Accounting Standards and the integrity and objectivity of these statements are management's responsibility. Management is responsible for the notes to the financial statements and for ensuring that this information is consistent, where appropriate, with the information contained in the financial statements.

Management is responsible for implementing and maintaining a system of internal control to provide reasonable assurance that reliable financial information is produced.

Management is accountable to the Board of Directors of Health PEI on matters of financial reporting and internal controls. Management provides internal financial reports to the Board of Directors on a regular basis and externally audited financial statements annually.

The Office of the Auditor General conducts an independent examination, in accordance with Canadian generally accepted auditing standards and expresses their opinion on the financial statements. The Office of the Auditor General has full and free access to financial information and management of Health PEI to meet as required.

On behalf of Health PEI



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Dr. Michael A. Gardam  
Acting Chief Executive Officer



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Pat Ryan  
Comptroller

June 30, 2021



## Prince Edward Island Île-du-Prince-Édouard

### Office of the Auditor General

PO Box 2000, Charlottetown PE  
Canada C1A 7N8

### Bureau du vérificateur général

C.P. 2000, Charlottetown PE  
Canada C1A 7N8

## INDEPENDENT AUDITOR'S REPORT

### To the Board of Directors of Health PEI

#### Opinion

I have audited the financial statements of **Health PEI**, which comprise the statement of financial position as at March 31, 2021 and the statements of operations and accumulated surplus, changes in net debt, and cash flow for the year then ended, and notes to the financial statements including a summary of significant accounting policies.

In my opinion, the financial statements present fairly, in all material respects, the financial position of Health PEI as at March 31, 2021, and the results of its operations, changes in net debt, and cash flow for the year then ended in accordance with Canadian Public Sector Accounting Standards.

#### Basis for Opinion

I conducted the audit in accordance with Canadian generally accepted auditing standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am independent of Health PEI in accordance with the ethical requirements that are relevant to my audit of the financial statements in Canada, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

#### Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian Public Sector Accounting Standards and for such internal control that management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing Health PEI's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless an intention exists to liquidate or cease the operations of Health PEI, or there is no realistic alternative but to do so.

Those charged with governance are responsible for overseeing Health PEI's financial reporting process.

#### Auditor's Responsibilities for the Audit of the Financial Statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error



and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, I exercise professional judgment and maintain professional skepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Health PEI's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on Health PEI's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause Health PEI to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.



**Darren Noonan, CPA, CA**  
Auditor General



**Elvis Alisic, CPA, CA**  
Audit Director

**Charlottetown, Prince Edward Island**  
June 30, 2021

## HEALTH PEI

Statement of Financial Position  
March 31, 2021

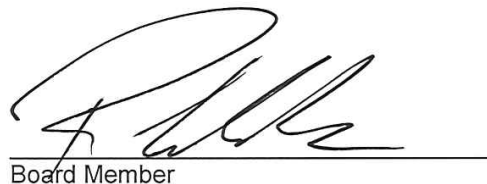
	2021	2020
	\$	\$
<b>Financial Assets</b>		
Cash	11,150,844	6,589,343
Restricted cash (Note 2b)	1,339,623	1,255,658
Accounts receivable (Note 4)	19,747,449	17,442,196
Due from the Department of Health and Wellness	<u>88,188,059</u>	<u>83,317,204</u>
	<u>120,425,975</u>	<u>108,604,401</u>
<b>Liabilities</b>		
Accounts payable and accrued liabilities (Note 7)	126,674,129	112,994,553
Employee future benefits (Note 8)	87,803,126	82,793,069
Deferred donations (Note 2b)	1,339,623	1,255,658
Deferred revenue (Note 9)	<u>2,548,068</u>	<u>2,164,397</u>
	<u>218,364,946</u>	<u>199,207,677</u>
<b>Net Debt</b>	<u>(97,938,971)</u>	<u>(90,603,276)</u>
<b>Non Financial Assets</b>		
Tangible capital assets (Note 12)	243,796,886	253,628,121
Inventories held for use (Note 5)	14,392,456	7,322,922
Prepaid expenses (Note 6)	<u>3,200,089</u>	<u>2,921,237</u>
	<u>261,389,431</u>	<u>263,872,280</u>
<b>Accumulated Surplus</b>	<u>163,450,460</u>	<u>173,269,004</u>
Trusts under administration (Note 17)	1,278,882	979,575

(The accompanying notes are an integral part of these financial statements.)

Approved on behalf of Health PEI



Chair, Board of Directors



Board Member

## HEALTH PEI

Statement of Operations and Accumulated Surplus  
for the year ended March 31, 2021

	Budget (Note 20)		
	2021	2021	2020
	\$	\$	\$
<b>Revenues</b>			
Operating grants - Dept. of Health and Wellness	721,955,600	716,255,197	676,066,070
Fees - patient and client (Note 15)	20,021,100	24,204,706	24,030,806
Food services	1,141,400	903,270	1,030,440
Federal revenues	4,758,900	4,965,706	3,682,148
Sales	579,400	326,264	375,391
Other	<u>1,292,000</u>	<u>2,171,859</u>	<u>6,185,364</u>
<b>Operational Revenues</b>	<u>749,748,400</u>	<u>748,827,002</u>	<u>711,370,219</u>
Capital grants - Dept. of Health and Wellness	10,331,700	5,595,181	11,308,520
Other capital contributions	<u>6,058,200</u>	<u>5,328,755</u>	<u>8,003,400</u>
<b>Capital Revenues</b>	<u>16,389,900</u>	<u>10,923,936</u>	<u>19,311,920</u>
	<u>766,138,300</u>	<u>759,750,938</u>	<u>730,682,139</u>
<b>Expenses (Note 21)</b>			
Community Hospitals	26,616,100	27,615,564	26,046,966
Acute Care	193,167,900	194,037,263	186,044,415
Addiction Services	13,467,500	14,223,980	13,352,162
Acute Mental Health	22,232,600	21,273,180	21,154,462
Community Mental Health	18,172,900	18,229,278	16,027,989
Continuing Care	76,647,300	78,399,557	75,530,601
Private Nursing Home Subsidies	38,032,100	36,073,249	30,640,810
Public and Dental Health	14,189,900	13,690,842	12,592,626
Provincial Pharmacare Programs	41,185,800	40,668,965	39,159,739
Home Care, Palliative and Geriatric Care	25,837,400	24,332,785	23,040,908
Provincial Laboratory and Diagnostic Imaging	37,283,700	36,541,665	34,447,761
Provincial Hospital Pharmacies	7,703,500	8,337,463	6,789,143
Corporate and Support Services	18,703,600	17,126,668	16,394,921
Financial Services	8,810,300	8,649,355	7,743,022
Medical Programs - In Province	140,510,900	142,826,351	133,762,957
Medical Programs - Out of Province	44,098,700	42,984,295	51,471,161
Primary Care and Chronic Disease	<u>23,088,200</u>	<u>23,816,542</u>	<u>17,170,576</u>
<b>Program and Service Expenses</b>	<u>749,748,400</u>	<u>748,827,002</u>	<u>711,370,219</u>
Amortization of tangible capital assets	-	20,742,480	18,827,289
Transfer of tangible capital assets - Dept. of Health and Wellness	-	-	515,640
	<u>749,748,400</u>	<u>769,569,482</u>	<u>730,713,148</u>
<b>Annual Surplus (Deficit) (Note 16)</b>	<u>16,389,900</u>	(9,818,544)	(31,009)
Accumulated Surplus, beginning of year		<u>173,269,004</u>	<u>173,300,013</u>
<b>Accumulated Surplus, end of year</b>		<u>163,450,460</u>	<u>173,269,004</u>

(The accompanying notes are an integral part of these financial statements.)

## HEALTH PEI

Statement of Changes in Net Debt  
for the year ended March 31, 2021

	Budget 2021	2021	2020
	\$	\$	\$
<b>Net Debt, beginning of year</b>	(90,603,276)	(90,603,276)	(87,639,781)
<b>Changes in year:</b>			
Annual surplus (deficit)	16,389,900	(9,818,544)	(31,009)
Acquisition of tangible capital assets	(16,389,900)	(10,923,936)	(19,311,920)
Transfer of tangible capital assets (Note 12)	-	-	515,640
Proceeds on disposal of tangible capital assets	-	206,104	10,570
Amortization of tangible capital assets	-	20,742,480	18,827,289
Gain on disposal of tangible capital assets	-	(193,413)	(10,570)
Increase in inventories	-	(7,069,534)	(1,026,917)
Increase in prepaid expenses	-	(278,852)	(1,936,578)
<b>Change in Net Debt</b>	-	(7,335,695)	(2,963,495)
<b>Net Debt, end of year</b>	<u>(90,603,276)</u>	<u>(97,938,971)</u>	<u>(90,603,276)</u>

(The accompanying notes are an integral part of these financial statements.)

## HEALTH PEI

Statement of Cash Flow  
for the year ended March 31, 2021

	2021	2020
	\$	\$
<b>Cash provided (used) by:</b>		
<b>Operating Activities</b>		
Deficit for the year	(9,818,544)	(31,009)
Gain on disposal of tangible capital assets	(193,413)	(10,570)
Amortization of tangible capital assets	20,742,480	18,827,289
Transfer of tangible capital assets	-	515,640
Changes in:		
Accounts receivable	(2,305,253)	(2,847,669)
Due from the Department of Health and Wellness	(4,870,855)	(19,250,866)
Accounts payable and accrued liabilities	13,679,576	2,703,049
Employee future benefits	5,010,057	3,847,480
Deferred revenue	383,671	391,524
Inventories held for use	(7,069,534)	(1,026,917)
Prepaid expenses	<u>(278,852)</u>	<u>(1,936,578)</u>
<b>Cash provided by operating activities</b>	<u>15,279,333</u>	<u>1,181,373</u>
<b>Capital Activities</b>		
Acquisition of tangible capital assets	(10,923,936)	(19,311,920)
Proceeds on disposal of tangible capital assets	<u>206,104</u>	<u>10,570</u>
<b>Cash used by capital activities</b>	<u>(10,717,832)</u>	<u>(19,301,350)</u>
<b>Change in cash</b>	4,561,501	(18,119,977)
Cash, beginning of year	<u>6,589,343</u>	<u>24,709,320</u>
<b>Cash, end of year</b>	<u>11,150,844</u>	<u>6,589,343</u>

(The accompanying notes are an integral part of these financial statements.)

## HEALTH PEI

Notes to Financial Statements

March 31, 2021

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### 1. Nature of Operations

Health PEI is a provincial Crown corporation established on April 1, 2010, and operates under the authority of the *Health Services Act*. Health PEI is a government organization named in Schedule B of the *Financial Administration Act* and reports to the Legislative Assembly through the Minister of the Department of Health and Wellness. The mandate of Health PEI is to be responsible for the operation and delivery of all health services in the Province of Prince Edward Island. These services are categorized as follows:

Community Hospitals	Home Care, Palliative and Geriatric Care
Acute Care	Public and Dental Health
Addiction Services	Provincial Laboratory and Diagnostic Imaging
Acute Mental Health	Provincial Hospital Pharmacies
Community Mental Health	Corporate and Support Services
Continuing Care	Financial Services
Private Nursing Home Subsidies	Medical Programs - In Province
Provincial Pharmacare Programs	Medical Programs - Out of Province
Primary Care and Chronic Disease	

Health PEI is a provincial Crown corporation and as such is not subject to taxation under the federal *Income Tax Act*.

### 2. Summary of Significant Accounting Policies

#### Basis of Accounting

These financial statements are prepared by management in accordance with Canadian Public Sector Accounting Standards.

Since Health PEI has no unrealized remeasurement gains or losses attributable to foreign exchange, derivatives, portfolio investments, or other financial instruments, a statement of remeasurement gains and losses is not prepared.

#### a) Cash

Cash includes cash on hand and balances on deposit with financial institutions, net of overdrafts.

#### b) Restricted Cash

Restricted cash consists of funds received as donations by a health facility or program that are restricted for the purchase of equipment, supplies, and/or other needs of the specific facility or program.

## HEALTH PEI

Notes to Financial Statements

March 31, 2021

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### 2. Summary of Significant Accounting Policies (continued...)

#### c) Accounts Receivable

Accounts receivable are recorded at cost less any provision when collection is in doubt. The provision includes specific receivables which are known to be doubtful and an estimated unrecoverable amount for receivables taking into consideration receivable age, customer specifics, and historical success in recoveries.

#### d) Inventories Held for Use

Inventories of supplies as described in Note 5 are recorded at the lower of the moving average and replacement cost. Supplies held on nursing units and other hospital departments are estimated based on stock levels and cost. Damaged, obsolete, or otherwise unusable inventory is expensed as identified. Inventories of supplies that are resold to the public are not segregated due to their immaterial value.

#### e) Due from the Department of Health and Wellness

Amounts due to or from the Department of Health and Wellness arise from the difference between cash flows provided to Health PEI and expenditures up to a maximum of the approved grant from the Department. These balances have no repayment terms and are non-interest bearing.

#### f) Deferred Revenue

Certain amounts are received pursuant to legislation, regulation, or agreement and may only be used in the conduct of certain programs or in the delivery of specific services and transactions. These amounts are recognized as revenue when eligibility criteria, if any, have been met.

#### g) Tangible Capital Assets

Tangible capital assets are recorded at cost, which includes amounts that are directly related to the acquisition, design, construction, development, improvement, and/or betterment of the assets. Cost includes overhead directly attributable to construction and development. Interest, if any, on capital projects is expensed as incurred.

For each category of tangible capital assets, only assets meeting a minimum dollar threshold for that category are recorded as capital assets.

The cost of assets under construction is not amortized until construction is complete and the asset is available for use. In the year of acquisition, one half of the annual amortization is recorded.

## HEALTH PEI

Notes to Financial Statements

March 31, 2021

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### 2. Summary of Significant Accounting Policies (continued...)

The cost of the tangible capital assets, excluding land, is amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	40 years
Building improvements	10 years
Leasehold improvements	Lease term
Paving	10 years
Equipment	5 years
Computer hardware	5 years
Computer software systems	5-20 years
Motor vehicles	5 years

Tangible capital assets are written down when conditions indicate they no longer contribute to Health PEI's ability to provide goods and services, or when the value of the future economic benefits associated with the tangible capital assets are less than their net book value. Write-downs are expensed when identified.

#### h) Prepaid Expenses

Prepaid expenses, as described in Note 6, are charged to expenses over the periods expected to benefit.

#### i) Revenues

Revenues are recorded on an accrual basis in the period in which the transaction or event which gave rise to the revenue occurred. When accruals cannot be determined with a reasonable degree of certainty or when their estimation is impracticable, revenues are recorded as received.

Transfers (revenues from non-exchange transactions) are recognized as revenue when the transfer is authorized, eligibility criteria have been met, and a reasonable estimate of the amount can be made. Transfers are recognized as deferred revenue when amounts have been received, but eligibility criteria have not been met and stipulations exist which give rise to a liability.

#### j) Expenses

Expenses are recorded on an accrual basis in the period in which the transaction or event which gave rise to the expense occurred.

Transfers include entitlements, grants, and transfers under cost shared agreements. Grants and transfers are recorded as expenses when the transfer is authorized, eligibility criteria have been met by the recipient, and a reasonable estimate of the amount can be made.



## HEALTH PEI

Notes to Financial Statements

March 31, 2021

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### 2. Summary of Significant Accounting Policies (continued...)

#### k) Foreign Currency Translation

Monetary assets and liabilities denominated in foreign currencies are translated into Canadian dollars at the exchange rate prevailing at year-end. Foreign currency transactions are translated at the exchange rate prevailing at the date of the transaction.

Health PEI has limited exposure to foreign currency, as substantially all of its transactions are conducted in Canadian dollars and year-end foreign currency balances are not significant.

#### l) Use of Estimates and Measurement Uncertainty

Measurement uncertainty exists in financial statements when recorded amounts are based on assumptions or estimates. When estimates are used, it is possible that there could be a material variance between the recorded amount and another reasonably possible amount. The accuracy of estimates depends on the completeness and quality of information available at the time of preparation of the financial statements. Estimates are adjusted to reflect new information as it becomes available.

Measurement uncertainty exists in these financial statements in the accruals for such items as retirement and sick leave benefits, accounts receivable, and recovery of assessment arising from internal audits of physician billings. Measurement uncertainty also exists in the estimate of useful life of tangible capital assets, inventory of supplies held on nursing units and other hospital departments, Coronavirus (COVID-19) personal protective equipment, accrued liabilities for out-of-province and in-province health services including academic funding premiums payable to Nova Scotia, and negotiated settlements with unions and other employees.

The nature of uncertainty in the accruals for employee retirement and sick leave benefits arises because actual results may differ significantly from Health PEI's various assumptions about plan members and economic conditions in the market place. Uncertainty related to amounts receivable arises due to assumptions on economic conditions in the market place and the financial health of recipients.

Due to the global pandemic from COVID-19, additional uncertainty exists. Best estimates have been used to reflect the impacts of the pandemic. However, changes in future conditions could materially change the amounts disclosed in the financial statements.

### 3. Financial Instruments

#### Fair Value

Health PEI's financial instruments consist of cash, accounts receivable, amounts due from the Department of Health and Wellness, accounts payable and accrued liabilities. Due to their short-term nature, the carrying value of these financial instruments approximate their fair value.

## HEALTH PEI

Notes to Financial Statements

March 31, 2021

### 3. Financial Instruments (continued...)

#### Risk Management

Health PEI is exposed to a number of risks as a result of the financial instruments on its statement of financial position that can affect its operating performance. These risks include credit and liquidity risk. Health PEI's financial instruments are not subject to significant market, interest rate, foreign exchange, or price risk.

#### Credit Risk

Health PEI is exposed to credit risk with respect to accounts receivable. Health PEI has a collection policy and monitoring processes intended to mitigate potential credit losses. Health PEI maintains provisions for potential credit losses that are assessed on an on-going basis. The provision for doubtful accounts is disclosed in Note 4.

Health PEI considers fees and revenues receivable that are past due and not impaired to be of good credit quality. Fees and revenues receivable past due but unimpaired are as follows:

	<u>2021</u>	<u>2020</u>
	\$	\$
61-90 days	690,918	124,898
91-180 days	784,645	391,087
Greater than 180 days	<u>449,897</u>	<u>466,375</u>
	<u>1,925,460</u>	<u>982,360</u>

#### Liquidity Risk

Health PEI is subject to minimal liquidity risk. Liquidity risk is the risk that Health PEI will not be able to meet its financial obligations as they fall due. Health PEI's approach to managing liquidity is to evaluate current and expected liquidity requirements, and to communicate these requirements with the Province of Prince Edward Island to ensure that provincial funding grant payments are timed accordingly.

### 4. Accounts Receivable

	<u>2021</u>	<u>2020</u>
	\$	\$
Fees and revenues receivable	6,709,313	5,718,480
Drug product rebates (PLA agreements)	8,249,250	5,746,705
Assessments of physician billings	669,308	852,999
Hospital foundations	2,231,792	3,880,699
Province of Prince Edward Island	989,202	803,817
Employee advances	302,350	379,127
Other	<u>3,391,192</u>	<u>2,393,189</u>
	22,542,407	19,775,016
Less: provision for doubtful accounts	<u>(2,794,958)</u>	<u>(2,332,820)</u>
	<u>19,747,449</u>	<u>17,442,196</u>

## HEALTH PEI

Notes to Financial Statements

March 31, 2021

### 4. Accounts Receivable (continued...)

The aging of fees and revenues receivable is as follows:

	<u>2021</u> \$	<u>2020</u> \$
Current	2,480,890	2,896,250
61-90 days	726,513	136,247
91-180 days	823,057	469,789
Greater than 180 days	<u>2,678,853</u>	<u>2,216,194</u>
	<u>6,709,313</u>	<u>5,718,480</u>

### 5. Inventories Held for Use

	<u>2021</u> \$	<u>2020</u> \$
Medical, surgical and general supplies	5,421,132	5,108,913
Personal protective equipment - COVID-19	6,640,100	195,458
Drugs	<u>2,331,224</u>	<u>2,018,551</u>
	<u>14,392,456</u>	<u>7,322,922</u>

### 6. Prepaid Expenses

	<u>2021</u> \$	<u>2020</u> \$
Maintenance contracts	977,260	860,948
Workers Compensation Board fees	1,876,045	1,858,609
Other	<u>346,784</u>	<u>201,680</u>
	<u>3,200,089</u>	<u>2,921,237</u>

### 7. Accounts Payable and Accrued Liabilities

	<u>2021</u> \$	<u>2020</u> \$
Accounts payable	25,529,661	26,534,749
Accrued liabilities	40,173,050	33,842,133
Salaries and benefits payable	35,324,428	30,109,761
Accrued vacation pay	<u>25,646,990</u>	<u>22,507,910</u>
	<u>126,674,129</u>	<u>112,994,553</u>

## HEALTH PEI

Notes to Financial Statements

March 31, 2021

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### 8. Employee Future Benefits

#### a) Retirement Allowance

Health PEI provides a retirement allowance to its permanent employees in accordance with the applicable collective agreement. The amount paid to eligible employees at retirement is one week's pay per year of eligible service based on the rate of pay in effect at the retirement date to the maximum specified in the applicable collective agreement. These benefits are unfunded. The benefit costs and liabilities related to these allowances are included in these financial statements.

The most recent actuarial valuation for accounting purposes prepared by the actuarial consulting firm Morneau Shepell, disclosed an accrued benefit obligation of \$57,514,700 as at April 1, 2020. The total liability is projected by Health PEI in the years between the tri-annual valuations.

The economic assumptions used in the determination of the actuarial value of the accrued retirement allowance were developed by reference to the expected long-term borrowing rate of the Province of Prince Edward Island as of April 1, 2020. Significant actuarial assumptions used in the valuation and projections are:

Discount rate: 2.67% (April 1, 2019 - 2.99%)

Expected salary increase: 2.55% per annum and promotional scale

Expected average remaining service life: 13 years

Termination rates: PSPP Termination scale, with no members assumed to terminate after they earn 30 years of service or age 55 years and over with more than two years of service.

Retirement age: varying by age and service, with all employees retiring between the ages of 55 and 66. Employees age 66 and older at the valuation date are assumed to retire one year after the valuation date.

A revised discount rate of 2.78% at April 1, 2021 has also been applied resulting in a decrease of \$607,053 to the accrued benefit obligation and a corresponding decrease in the unamortized gains and losses at March 31, 2021.

## HEALTH PEI

Notes to Financial Statements

March 31, 2021

### 8. Employee Future Benefits (continued...)

	<u>2021</u>	<u>2020</u>
	\$	\$
<b>Balance, beginning of year</b>	55,349,835	52,181,008
Current service cost	4,835,500	4,652,528
Interest accrued on liability	1,557,503	1,738,404
Amortization of actuarial gains & losses	503,714	713,172
Less: payments made	<u>(3,198,049)</u>	<u>(3,935,277)</u>
<b>Balance, end of year</b>	<u>59,048,503</u>	<u>55,349,835</u>
Gross accrued benefit obligation	60,102,600	62,044,800
Unamortized actuarial gains & losses	<u>(1,054,097)</u>	<u>(6,694,965)</u>
Net accrued benefit obligation	<u>59,048,503</u>	<u>55,349,835</u>

#### b) Accrued Sick Leave

Health PEI employees accumulate sick leave credits at a rate of 11.25 hours for each 162.5 paid hours. Members of the excluded (management) group can accumulate to a maximum of 1,950 hours with the exception of two grandfathered members whose sick leave balances are currently higher than 1950 hours. All other employees can accumulate to a maximum of 1,612.50 hours. An actuarial estimate for this future liability has been completed and forms the basis for the estimated liability reported in these financial statements.

The most recent actuarial valuation for accounting purposes prepared by the actuarial consulting firm Morneau Shepell, disclosed an accrued benefit obligation of \$25,874,500 as at April 1, 2020. The total liability is projected by Health PEI in the years between the tri-annual valuations.

The economic assumptions used in the determination of the actuarial value of accrued sick leave benefits were developed by reference to the expected long-term borrowing rate of the Province of Prince Edward Island as at April 1, 2020.

Significant actuarial assumptions used in the valuation and projections are:

Discount rate: 2.67% (April 1, 2019 - 2.99%)

Expected salary increase: 2.55% per annum and promotional scale

Expected average remaining service life: 15 years

Termination rates: PSPP Termination scale, with no members assumed to terminate after they earn 30 years of service or age 55 years and over with more than two years of service.

## HEALTH PEI

Notes to Financial Statements

March 31, 2021

### 8. Employee Future Benefits (continued...)

Retirement age: varying by age and service, with all employees retiring between the ages of 55 and 66. Employees age 55 and older at the valuation date are assumed to retire according to the PSPP retirement scale starting one year after the valuation date.

A revised discount rate of 2.78% at April 1, 2021 has also been applied resulting in a decrease of \$217,753 to the accrued benefit obligation and a corresponding increase in the unamortized gains and losses at March 31, 2021.

	<u>2021</u>	<u>2020</u>
	\$	\$
<b>Balance, beginning of year</b>	27,443,234	26,764,581
Current service cost	3,574,400	3,134,820
Interest accrued on liability	699,502	729,262
Amortization of actuarial gains & losses	(36,264)	(85,450)
Less: payments made	<u>(2,926,249)</u>	<u>(3,099,979)</u>
<b>Balance, end of year</b>	<u>28,754,623</u>	<u>27,443,234</u>
Gross accrued benefit obligation	27,004,400	25,714,800
Unamortized actuarial gains & losses	<u>1,750,223</u>	<u>1,728,434</u>
Net accrued benefit obligation	<u>28,754,623</u>	<u>27,443,234</u>

#### c) Pension and Other Benefits

- i) All permanent employees of Health PEI, other than physicians, participate in the multi-employer contributory defined benefit pension plan as defined by the *Public Sector Pension Plan Act*. This Plan provides a pension on retirement based on two percent of the average salary for the highest three years times the number of years of pensionable service, for service to December 31, 2013, and two percent of the career average salary indexed with cost-of-living adjustments, for service after 2013. Indexing is subject to the funded level of the Plan after December 31, 2016.

The Plan is administered by the Province of Prince Edward Island. Additional information on the pension plan as defined in the *Public Sector Pension Plan Act* can be found in the notes to the Public Accounts of the Province of Prince Edward Island. The Province is responsible for any unfunded liabilities of the plan. A total of \$21,382,002 (2020 - \$21,146,381) was contributed towards the Prince Edward Island Public Sector Pension Plan as the employer share of contributions.

- ii) Salaried physicians maintain their own personal RRSP accounts to which Health PEI makes contributions in accordance with the Master Agreement between the Medical Society of Prince Edward Island and the Province of Prince Edward Island. Health PEI's contributions are equivalent to nine percent of the physician's base salary and shall not exceed 50 percent of the maximum permissible contribution provided for in the *Income Tax Act*. Health PEI's liability is limited to its required contributions in accordance with the agreement. A total of \$1,478,757 (2020 - \$1,296,653) was contributed towards salaried physicians' personal RRSP accounts.

## HEALTH PEI

Notes to Financial Statements

March 31, 2021

### 8. Employee Future Benefits (continued...)

iii) The Public Sector Group Insurance Plan provides life insurance, long-term disability, and health and dental benefits to eligible employees of Health PEI. The Plan is administered by a multi-employer, multi-union Board of Trustees who are responsible for any unfunded liabilities of the Plan. The cost of insured benefits reflected in these financial statements are the employer's portion of the insurance premiums owed for employee coverage during the period.

### 9. Deferred Revenue

Deferred revenue set aside for specific purposes as required either by legislation, regulation, or agreement as at March 31, 2021:

	<u>Balance, beginning of year</u> \$	<u>Receipts during year</u> \$	<u>Transferred to revenue</u> \$	<u>Balance, end of year</u> \$
Health promotion projects	<u>2,164,397</u>	<u>6,013,776</u>	<u>(5,630,105)</u>	<u>2,548,068</u>

### 10. Contractual Rights

Health PEI has entered into a number of multi-year contracts. These contractual rights will become revenue and assets in the future when the terms of the contracts are met. Significant rights for the next two years include:

	<u>2022</u> \$	<u>2023</u> \$
Home and Community Care and Mental Health and Addictions Services	6,210,000	-
Official Languages Health Program	250,000	250,000
Canadian Partnership against Cancer	<u>275,161</u>	-
	<u>6,735,161</u>	<u>250,000</u>

### 11. Contingent Liabilities

Health PEI is subject to legal actions arising in the normal course of business. At March 31, 2021, there were a number of outstanding legal claims against Health PEI. Costs and damages, if any, related to these outstanding claims are the responsibility of the Prince Edward Island Self-Insurance and Risk Management Fund. The Fund provides general liability, errors and omissions, primary property, crime, and automobile liability insurance. The Fund is administered by the Province of Prince Edward Island and the Province is responsible for any liabilities of the Fund.

## HEALTH PEI

Notes to Financial Statements

March 31, 2021

### 12. Tangible Capital Assets

	<u>Land and land improvements</u>	<u>Buildings and improvements</u>	<u>Equipment and vehicles</u>	<u>Computer hardware and software</u>	<u>2021 Total</u>	<u>2020 Total</u>
	\$	\$	\$	\$	\$	\$
<b>Cost</b>						
Opening balance	3,263,413	322,969,244	82,036,526	59,963,248	468,232,431	510,976,150
Additions	539,248	2,936,436	5,687,675	1,760,577	10,923,936	19,311,920
Disposals	-	-	(349,100)	-	(349,100)	(1,740,468)
Transfers	-	-	-	-	-	(515,640)
Adjustments <sup>1</sup>	-	(747,804)	(9,854,989)	(3,546,362)	(14,149,155)	(59,799,531)
Closing balance	<u>3,802,661</u>	<u>325,157,876</u>	<u>77,520,112</u>	<u>58,177,463</u>	<u>464,658,112</u>	<u>488,232,431</u>
<b>Accumulated Amortization</b>						
Opening balance	1,143,090	110,260,863	56,249,671	46,950,686	214,604,310	257,317,020
Disposals	-	-	(336,409)	-	(336,409)	(1,740,468)
Amortization	62,683	8,027,350	8,198,666	4,453,781	20,742,480	18,827,289
Adjustments <sup>1</sup>	-	(223,412)	(10,379,381)	(3,546,362)	(14,149,155)	(59,799,531)
Closing balance	<u>1,205,773</u>	<u>118,064,801</u>	<u>53,732,547</u>	<u>47,858,105</u>	<u>220,861,226</u>	<u>214,604,310</u>
<b>Net book value</b>	<u>2,596,888</u>	<u>207,093,075</u>	<u>23,787,565</u>	<u>10,319,358</u>	<u>243,796,886</u>	<u>253,628,121</u>

<sup>1</sup>During the fiscal year, management of Health PEI reviewed its opening balances of buildings, computer hardware and software, equipment and vehicles. These assets have been fully amortized in previous years, and are no longer considered to be in use. As a result, Health PEI has recorded a combined adjustment of \$14,149,155 to both cost and accumulated amortization of the above asset classes, resulting in a net adjustment of \$0 to the net book value.

It is management's intension to continue reviewing the asset classes to identify assets no longer in use. This is not expected to have a material impact on the net book value of tangible capital assets as the adjustments will impact both cost and accumulated amortization.

Cost at March 31, 2021 includes assets under construction as follows:

	<u>2021</u>	<u>2020</u>
	\$	\$
Queen Elizabeth Hospital	113,632	118,612
Prince County Hospital	208,321	368,953
Other buildings - major improvements	72,743	1,148,507
Equipment	1,803,817	1,879,118
Computer hardware and software	<u>1,609,734</u>	<u>816,815</u>
	<u>3,808,247</u>	<u>4,332,005</u>



## HEALTH PEI

Notes to Financial Statements

March 31, 2021

### 13. Contractual Obligations

Health PEI has entered into a number of multi-year contracts. These contractual obligations will become liabilities in the future when the terms of the contracts are met. Significant obligations for the next five years and beyond include:

	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2026</u>	<u>Thereafter</u>
	\$	\$	\$	\$	\$	\$
Private nursing homes	27,758,577	-	-	-	-	-
IT maintenance	3,116,564	2,174,691	2,174,691	2,174,691	2,174,691	4,042,358
PEI Medical Society	2,255,482	2,255,482	2,255,482	-	-	-
Maintenance contracts	1,981,086	1,009,924	889,126	477,446	410,776	1,321,466
Education funds	1,000,000	800,000	800,000	-	-	-
Facility rental	649,000	666,600	684,750	-	-	-
Home and Community Care and Mental Health and Addictions Services	6,210,000	-	-	-	-	-
Other	<u>5,927,616</u>	<u>4,562,119</u>	<u>2,222,790</u>	<u>711,650</u>	<u>37,831</u>	-
	<u>48,898,325</u>	<u>11,468,816</u>	<u>9,026,839</u>	<u>3,363,787</u>	<u>2,623,298</u>	<u>5,363,824</u>

Health PEI has \$767,998 in outstanding contractual commitments for capital projects that commenced on or before March 31, 2021, and are still incomplete.

### 14. Related Party Transactions

Key management personnel of Health PEI, including the Chief Executive Officer, members of the senior management team, and members of the Board of Directors, are considered to be related parties of Health PEI. Related party transactions with key management personnel consist primarily of compensation related payments to senior management and are considered to be undertaken on similar terms and conditions to those adopted if the entities were dealing at arm's length.

## HEALTH PEI

Notes to Financial Statements

March 31, 2021

### 14. Related Party Transactions (continued...)

Health PEI had the following transactions with the Province of Prince Edward Island and other government controlled organizations:

	<u>2021</u>	<u>2020</u>
	\$	\$
Transfers from the Province of Prince Edward Island:		
Operating grant - Department of Health and Wellness	716,255,197	676,066,070
Capital grant - Department of Health and Wellness	5,595,181	11,308,520
Salary recoveries	2,023,971	1,133,484
COVID-19 pandemic supplies reimbursement	919,436	-
Other sales and expenses	<u>1,029,039</u>	<u>681,266</u>
	<u>725,822,824</u>	<u>689,189,340</u>
Transfers to the Province of Prince Edward Island:		
Salary reimbursements	923,327	608,594
Insurance premiums	2,626,940	2,187,754
Public Service Commission	641,630	641,630
Property taxes	346,849	415,331
COVID-19 expenditures	850,343	-
Computer hardware & software	1,151,118	579,696
Other expenses	<u>1,378,262</u>	<u>972,579</u>
	<u>7,918,469</u>	<u>5,405,584</u>

Included within the accounts receivable balance at year-end are \$989,202 (2020 - \$803,817) of transfers due from the Province of Prince Edward Island. Included within the accounts payable balance at year-end are \$2,023,927 (2020 - \$1,486,543) of transfers due to the Province of Prince Edward Island.

The Province of Prince Edward Island provides the use of several facilities and certain maintenance services for some of these facilities at no cost to Health PEI. Health PEI is responsible for most operational and maintenance costs related to these facilities.

### 15. Fees - Patient and Client

	<u>2021</u>	<u>2020</u>
	\$	\$
Continuing Care resident fees	13,659,054	13,979,893
Hospital medical services:		
Non-residents	4,350,397	5,545,252
Uninsured hospital services - workers compensation	1,801,808	2,046,400
Other uninsured hospital services	4,212,977	2,258,466
Hospital preferred room accommodations	174,937	180,672
Other	<u>5,533</u>	<u>20,123</u>
	<u>24,204,706</u>	<u>24,030,806</u>

## HEALTH PEI

Notes to Financial Statements  
March 31, 2021

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### 16. Annual Surplus (Deficit)

Each year Health PEI is granted an operating and capital budget appropriation. The operating budget includes revenues and expenses associated with providing daily health services. The capital budget includes spending and funding related to acquisition, construction, development and betterment of tangible capital assets. Amortization expenses are budgeted by the Province as described in Note 20. Throughout the fiscal year, Health PEI regularly communicates with the Department of Health and Wellness and the Department of Finance on the expected operational results for the year and action plans developed to address potential deficits. If the required funds are not available within the existing appropriation, a request for a special warrant is prepared to seek additional funding.

The annual deficit for the year ended March 31, 2021 was comprised of:

	<u>Operational</u>	<u>Capital</u>	<u>2021</u>
	\$	\$	\$
Grants - Dept. of Health and Wellness	716,255,197	5,595,181	721,850,378
Other revenues	<u>32,571,805</u>	<u>5,328,755</u>	<u>37,900,560</u>
Total revenues	748,827,002	10,923,936	759,750,938
Program and service expense	748,827,002	-	748,827,002
Amortization	-	<u>20,742,480</u>	<u>20,742,480</u>
Surplus (Deficit)	<u>-</u>	<u>(9,818,544)</u>	<u>(9,818,544)</u>

### 17. Trusts Under Administration

At March 31, 2021, the balance of funds held in trust for residents of facilities in Continuing Care was \$1,278,882 (2020 - \$979,575). These trusts consist of a monthly comfort allowance provided to Continuing Care residents who qualify for subsidization of resident fees. These amounts are not included in the statement of financial position.

### 18. Comparative Figures

Certain 2020 comparative figures have been reclassified to conform with the 2021 financial statement presentation.

### 19. Impact of COVID-19

In March 2020, the World Health Organization declared a global pandemic due to the COVID-19 outbreak. Governments and health care organizations worldwide, including the Canadian federal and provincial governments, have enacted emergency measures to control the spread of the virus. The Province of Prince Edward Island has been under a public health emergency according to the *Public Health Act* since March 2020.

## HEALTH PEI

Notes to Financial Statements

March 31, 2021

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### 19. Impact of COVID-19 (continued...)

The financial implications resulting from the pandemic have been pervasive throughout all Health PEI service areas. Significant response efforts have included:

- Reduction to essential services;
- Decanting of Health PEI's acute care facilities to establish capacity;
- Redeployment of some health care staff;
- Procurement of personal protective equipment;
- Establishment of COVID-19 testing and assessment centers;
- Increased local laboratory testing capacity;
- Increased support for long-term care and community care facilities; and
- Increased infection control measures throughout the organization.

The future duration and impact of the COVID-19 pandemic on Health PEI is undetermined. It is not possible to reliably estimate the impact on the financial position and operations for future periods of Health PEI at this time.

### 20. Budgeted Figures

Budgeted figures have been provided for comparative purposes and have been derived from the estimates approved by the Legislative Assembly of the Province of Prince Edward Island.

The budget for amortization of tangible capital assets remains with the Province of Prince Edward Island. For the fiscal year ended March 31, 2021, the Province budgeted \$21,686,800 for amortization of Health PEI's tangible capital assets.

Subsequent to the tabling of the 2020 P.E.I. Estimates of Revenue and Expenditures, Health PEI reallocated certain budget amounts among its divisions. The following table shows the reallocation of the original approved budget.

## HEALTH PEI

Notes to Financial Statements

March 31, 2021

### 20. Budgeted Figures (continued...)

	Original Approved Budget	Adjustments Between Divisions	Budget - Statement of Operations
	\$	\$	\$
<b>Revenues</b>			
Operating grants - Dept. of Health and Wellness <sup>1</sup>	733,278,400	(11,322,800)	721,955,600
Fees - patient and client	20,021,100	-	20,021,100
Food services	1,141,400	-	1,141,400
Federal revenues	4,758,900	-	4,758,900
Sales	579,400	-	579,400
Other	<u>1,292,000</u>	<u>-</u>	<u>1,292,000</u>
<b>Operational Revenues</b>	<u>761,071,200</u>	<u>(11,322,800)</u>	<u>749,748,400</u>
Capital grants - Dept. of Health and Wellness	10,331,700	-	10,331,700
Other capital contributions	<u>6,058,200</u>	<u>-</u>	<u>6,058,200</u>
<b>Capital Revenues</b>	<u>16,389,900</u>	<u>-</u>	<u>16,389,900</u>
	<u>777,461,100</u>	<u>(11,322,800)</u>	<u>766,138,300</u>
<b>Expenses</b>			
Community Hospitals	26,526,000	90,100	26,616,100
Acute Care	190,300,100	2,867,800	193,167,900
Addiction Services	13,222,200	245,300	13,467,500
Acute Mental Health	22,182,800	49,800	22,232,600
Community Mental Health	18,000,600	172,300	18,172,900
Continuing Care	73,714,000	2,933,300	76,647,300
Private Nursing Home Subsidies	40,127,200	(2,095,100)	38,032,100
Public and Dental Health	13,994,200	195,700	14,189,900
Provincial Pharmacare Programs	40,839,800	346,000	41,185,800
Home Care, Palliative and Geriatric Care	25,834,700	2,700	25,837,400
Provincial Laboratory and Diagnostic Imaging	34,652,200	2,631,500	37,283,700
Provincial Hospital Pharmacies	7,723,700	(20,200)	7,703,500
Emergency Health Services	10,700	(10,700)	-
Corporate and Support Services <sup>1</sup>	33,757,700	(15,054,100)	18,703,600
Financial Services	8,464,600	345,700	8,810,300
Medical Programs - In Province	140,006,500	504,400	140,510,900
Medical Programs - Out of Province	51,240,700	(7,142,000)	44,098,700
Primary Care and Chronic Disease	<u>20,473,500</u>	<u>2,614,700</u>	<u>23,088,200</u>
	<u>761,071,200</u>	<u>(11,322,800)</u>	<u>749,748,400</u>
<b>Annual Surplus</b>	<u>16,389,900</u>	<u>-</u>	<u>16,389,900</u>

<sup>1</sup>Original Approved Budget was adjusted to remove COVID-19 Response and Recovery Contingency Funds of \$15 million. The contingency fund is administered by the Province of PEI. Treasury Board authorized an appropriation transfer from the Contingency Fund based on Health PEI's third quarter financial results. As a result, HPEI's Operating Grant and Corporate and Support Services expense were decreased by \$15 million, removing the COVID-19 Contingency Funds. The Operating Grant increased by \$3,677,200 for actual COVID-19 pandemic funding requested. The allocation of these funds are included within each expense section based on the financial impact of the COVID-19 pandemic throughout the period.

## HEALTH PEI

Notes to Financial Statements

March 31, 2021

### 21. Expenses by Type

The following is a summary of expenses by type:

	<u>Compensation</u>	<u>Supplies</u>	<u>Sundry*</u>	<u>Equipment</u>	<u>Contracted Out Services</u>	<u>Buildings and Grounds</u>	<u>2021 Total</u>
	\$	\$	\$	\$	\$	\$	\$
Community							
Hospitals	21,036,622	4,365,956	808,095	515,659	511,851	377,381	27,615,564
Acute Care	139,115,918	41,436,364	3,985,970	3,410,748	4,292,071	1,796,192	194,037,263
Addiction Services	11,731,296	929,832	1,031,677	72,400	300,683	158,092	14,223,980
Acute Mental Health	18,244,572	1,611,843	356,691	147,365	643,395	269,314	21,273,180
Community Mental Health	14,499,374	171,049	1,929,247	84,034	1,488,049	57,525	18,229,278
Continuing Care	67,103,527	7,256,830	2,100,891	647,414	73,941	1,216,954	78,399,557
Private Nursing							
Home Subsidies	-	-	36,073,249	-	-	-	36,073,249
Public and Dental Health	11,052,511	581,105	923,850	164,767	915,458	53,151	13,690,842
Provincial							
Pharmacare Programs	763,287	660,830	36,909,122	625	2,335,101	-	40,668,965
Home Care, Palliative, and Geriatric Care	20,203,168	1,033,485	1,372,551	222,093	1,417,596	83,892	24,332,785
Provincial Laboratory And Diagnostic Imaging	20,877,900	13,162,245	585,080	108,580	1,788,096	19,764	36,541,665
Provincial Hospital Pharmacies	7,348,039	764,521	132,996	30,329	49,542	12,036	8,337,463
Corporate and Support Services	11,235,740	1,939,991	1,876,227	1,273,813	800,897	-	17,126,668
Financial Services	6,531,969	226,085	1,784,548	76,164	29,792	797	8,649,355
Medical Programs - In Province	129,652,042	186,678	5,295,506	22,604	7,669,521	-	142,826,351
Medical Programs - Out of Province	670,300	2,915	126,452	-	42,184,628	-	42,984,295
Primary Care and Chronic Disease	<u>19,099,591</u>	<u>1,580,689</u>	<u>1,302,713</u>	<u>338,041</u>	<u>1,249,591</u>	<u>245,917</u>	<u>23,816,542</u>
	<u>499,165,856</u>	<u>75,910,418</u>	<u>96,594,865</u>	<u>7,114,636</u>	<u>65,750,212</u>	<u>4,291,015</u>	<u>748,827,002</u>

\*Sundry expenses are defined by the Management Information System Standards of the Canadian Institute for Health Information and consist of expenses that cannot be otherwise classified as Compensation, Supplies, Equipment, Contracted Out Services, or Buildings and Grounds. Sundry expenses includes operating grants to non-government organizations, public drug program subsidies, and grants established under union collective agreements.

# References

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<sup>1</sup> Health PEI Strategic Plan 2017-2020.

<sup>2</sup> *Health Services Act*, R.S.P.E.I. 1988, c H-1.6.

<sup>3</sup> *Financial Administration Act*, R.S.P.E.I. 1988, c F-9.

<sup>4</sup> Department of Health and Wellness 2019-2022 Strategic Plan





# Health PEI

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