

HEALTH PEI
Annual Report
2017-2018



Health PEI
One Island Health System

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A Message from Health PEI's Board Trustee and Interim Chief Executive Officer



James T. Revell
Board Trustee



Denise Lewis Fleming
Interim Chief Executive Officer

On behalf of Health PEI's Executive Leadership Team, staff and physicians, we are pleased to present to the Minister of Health and Wellness, and people of Prince Edward Island, the 2017-18 Annual Report for Health PEI. This annual report provides an overview of our accomplishments, challenges, performance and financial results for 2017-18.

This past year has been one of change and progress toward our goals of *Quality and Safety*, *Access and Coordination*, and *Innovation and Efficiency*. We continue to focus on improving the quality of care provided by embedding patient-and family-centered care in our work and expanding and enhancing services throughout the province to provide services that are accessible and innovative.

It is our privilege to acknowledge and thank Health PEI's staff, physicians and volunteers who provide care to Islanders, demonstrating compassion, respect and dignity.

As we move forward, we will continue to ensure that our day-to-day operations are based on our commitment to patient-and family-centered care, quality, safety and efficiency.

Respectfully submitted,

A handwritten signature in black ink that reads "Jim Revell".

James T. Revell
Board Trustee

A handwritten signature in black ink that reads "Denise Lewis Fleming".

Denise Lewis Fleming
Interim Chief Executive Officer

About Health PEI

Health PEI is a crown corporation responsible for the operation and delivery of publicly funded health care services in Prince Edward Island. The organization is governed by a Board Trustee and offers a full continuum of acute care and community-based health services, including public health programs, long-term care (LTC) facilities, home care services, primary care networks, health centres, and mental health and addiction services. Collaboration is a key driving force in Health PEI's services. Health PEI partners with a number of government departments and organizations across the province in order to provide quality health care services to Islanders.

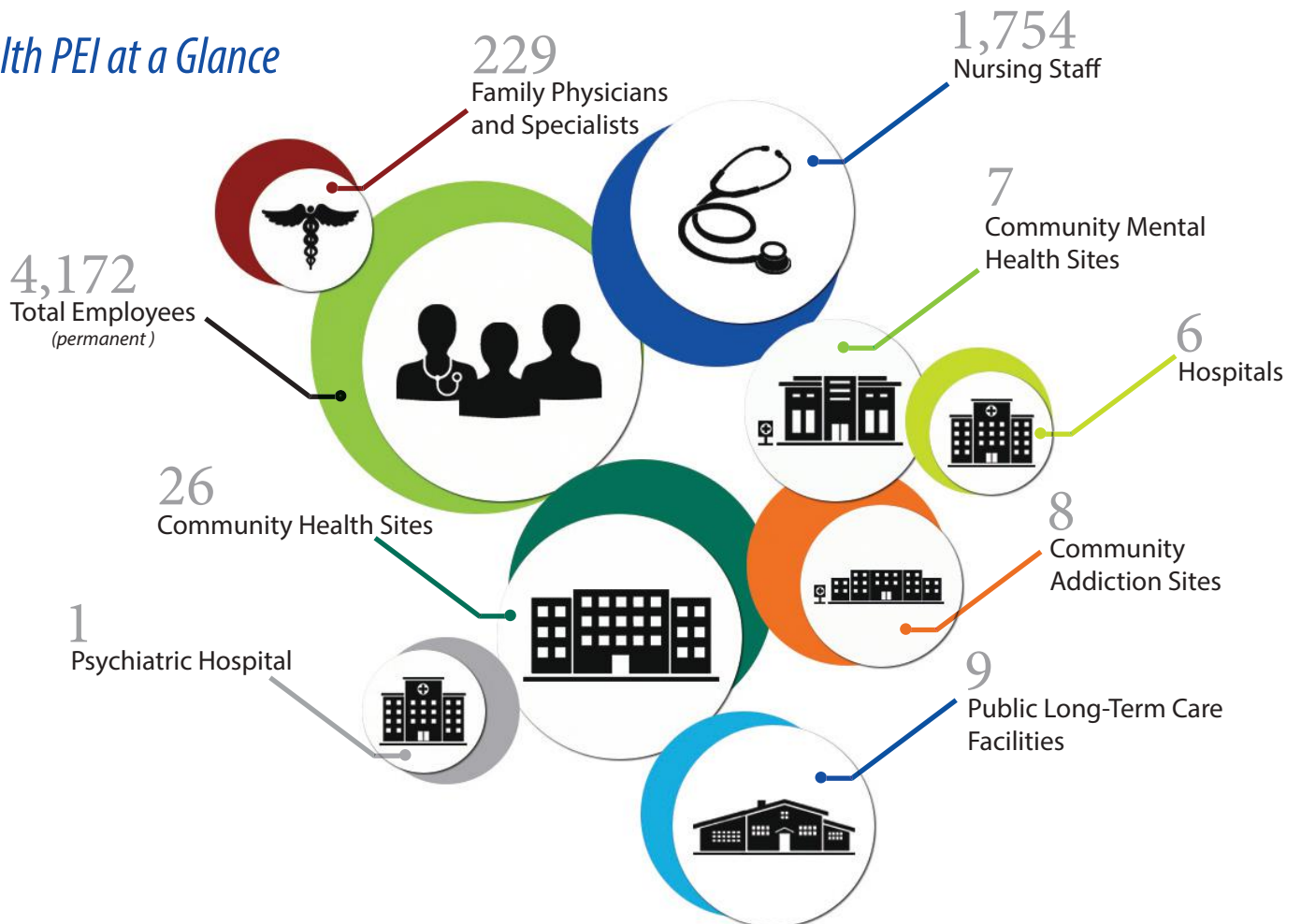
Health PEI Board Trustee

The Health PEI Board Trustee works on behalf of Islanders to provide oversight of the financial management and delivery of safe, quality health care. The Board Trustee governs Health PEI and is accountable to the Minister of Health and Wellness.



www.healthpei.ca/board

Health PEI at a Glance



2017-2020

Strategic Direction



Supporting Our Strategy



2017-2018

Year in Review

This section highlights the work completed by Health PEI toward accomplishing the strategic goals of *Quality and Safety, Access and Coordination* and *Innovation and Efficiency*. Each strategic goal area is aligned with different dimensions of quality from Health PEI's integrated Quality and Safety Framework. Accomplishments for each goal area and patient stories from Islanders about their health care experiences are included in the following pages.

2017-18 was a transition year for Health PEI with CEO changes, the appointment of an Interim CEO and key legislative changes. Over the last year, Health PEI has accomplished significant improvements in the care provided: a continued focus on patient-and family-centered care and an expansion of community-based services, staff-led initiatives to improve the patient journey through the health system and achievement of accreditation through Accreditation Canada.

Along with other provinces across Canada, Health PEI must look for innovative ways to provide care due to a growing demand for services, increasing costs, recruitment and retention of staff, an aging workforce, increased challenges with workplace health and safety, and increasing complexity of patient needs. Health PEI will continue to collaborate with patients, families, staff, physicians, community partners and the Department of Health and Wellness to work toward improving the care provided to Islanders.

Performance indicators are provided in Appendix A. Each strategic goal is aligned with a set of indicators showing progress or areas where enhancements may be required. Indicators are monitored regularly and are used to measure performance in the three strategic goal areas.



Dawn, Jonny and Brielle Martin

Provincial Diabetes Program



Our daughter Brielle was diagnosed with Type 1 diabetes at five years old, when she was in kindergarten. This is a condition we know well as her father Jonny also has Type 1 diabetes - but in our experience, it was still a complete learning curve, as her needs were very different. Over the past couple of years we received the support and training we needed through the Provincial Diabetes Program to help our daughter continue to lead a healthy life.

The Diabetes Program had organized a pediatric nurse and dietitian to come into the hospital to support us.

The Diabetes Team, which includes health care providers such as a dietitian, pediatric diabetic nurse and a pediatrician, continue to follow Brielle in the Diabetic Clinic every three to four months for guidance, support and problem solving. This support helped Brielle transition from the hospital to kindergarten and throughout her school years. The team helped us through all the transitions, including training us to use her insulin pump. The program also supported training for people at her school such as Brielle's educational assistant and her teachers. The program has also help train the school and family on a school plan, emergencies, what to expect and how to react in various situations.

The insulin pump is helpful in that Brielle requires small doses of insulin at different times of day. The insulin pump has the ability to give insulin at different doses at various times of day to meet her needs. The Diabetes Program also supported us in associated financial costs for the equipment and supplies needed.

Diabetes is a complex disease, and it can be very difficult dealing with a child at a young age. The first time Brielle got sick we contacted our diabetic nurse for guidance. She provided step-by-step lists on how to manage Brielle's condition. There can be so many things that can affect a child's blood sugar when living with diabetes, such as sickness, growth spurts, food, etc. It is a 24 hour a day job which demands a lot of time and critical thinking.

Brielle added, "The pump helps me so I don't get sick. I love to play in the playground, go swimming, dancing and gymnastics."

Brielle is a very active seven year old, and we can use the features of the pump to alter the settings to adjust insulin based on her activity levels, growth, needs and the food she eats.

We think the support we received from the program is key. We are comfortable to call the on-call nurse at any time when guidance is needed. At times it can be challenging dealing with a child with Type 1 and support from the Diabetes Program is crucially important for our family.

Goal 1 – Quality and Safety

Linkage to Quality and Safety Framework



Safety



Client-Centered Services



Worklife

Support a culture of quality, safety and security in Health PEI

Health PEI is committed to a culture of quality, safety and security for patients, their families and those providing care. Over the last year, Health PEI was recognized for its efforts toward quality improvement and safety with national accreditation status from Accreditation Canada. The initiatives highlighted below identify different ways that Health PEI has worked to improve quality of care and safety for Islanders.

Strategic Priorities

1. Improve patient and workplace safety and security
2. Embed patient-and family-centered care at all levels of the organization including direct care, program and service planning, and leadership to enhance patient experience
3. Increase engagement with patients, staff, members of the public and communities

Highlights

Accreditation

- Health PEI achieved national accreditation through Accreditation Canada. Over 95% of criteria assessed by Accreditation Canada met national standards. This was a significant improvement over the previous review in 2013 where 89% of criteria met national standards. Accreditation, a voluntary process for Canadian health authorities, takes place every four years as part of ongoing quality improvement within health care through the use of evidence and best practices.

Nursing Strategy

- The *Health PEI Nursing Strategy 2017-2020* was released setting direction for nursing (registered nurses (RNs), nurse practitioners (NPs) and licensed practical nurses (LPNs)) in three key areas: workforce capacity, engagement and leadership, professional practice and innovation. The strategy was developed through consultations with different groups, including frontline nurses, educational institutions and unions.



www.healthpei.ca/accreditation

Patient-and Family-Centered Care

- The Health PEI Family Presence Policy was implemented province-wide to move away from traditional visiting hours, recognizing the importance of having family members and partners in care present to support patients.
- The Patient and Family-Centered Care Steering Committee (PFCC) has recommended changes to the policy development process to ensure patients and families are considered as key stakeholders. The committee reviewed Health PEI policies and brochures to incorporate the patient and family perspective into key documents impacting care provided. The PFCC Committee has provided education for staff and patient/family advisors on lessons learned, measurement and citizen-centered health services. Collaborations with similar committees in the Maritimes have been established to enhance future work.
- Patient and family advisors have been recruited to provide advice and feedback on Health PEI initiatives through their membership on Health PEI committees and working groups.
- The monthly comfort allowance for LTC residents was increased to ensure that residents have the means to purchase personal or special needs items.
- Health PEI LTC staff actively collaborated with the Department of Health and Wellness on the development of the *PEI Seniors' Health and Wellness Strategy*.



www.healthpei.ca/familypresence



Patient Safety

- Activities outlined in the Patient Safety Culture Action Plan to enhance and support a “Just Culture” of patient safety were implemented, including: quarterly newsletter to provide updates and education to staff on quality and safety; Safer Practice Notices to alert staff of potential safety concerns and to share learnings; and, education sessions and resources to increase knowledge and awareness of just culture. A just culture is about balancing an understanding of system failure with professional accountability in which the emphasis is on quality and safety over blame and fault finding.
- Processes for auditing medication reconciliation in acute care, and community mental health and addictions were developed. Medication reconciliation helps to ensure that accurate and complete medication information is communicated to healthcare providers and patients across care transitions.
- Development of the Rapid Response Team initiative for Queen Elizabeth Hospital (QEH) by key physician, nursing and allied health stakeholders to provide support to RNs and physicians who are managing clinically deteriorating patients in non-critical care areas. Members of the Rapid Response Team include an intensive care unit RN, a respiratory therapist, the patient’s primary RN and a most responsible physician. This initiative enhances collaboration and communication between health care providers. Positive feedback from staff has been noted one year after implementation.

- Partnership created with the Canadian Foundation for Healthcare Improvement, jointly with Newfoundland and Labrador, for improving medication management practices and the appropriate utilization of antipsychotic medications in LTC.



www.healthpei.ca/patientsafety

Hillsborough Hospital Master Programming and Security Review

- To address quality, client needs, service growth and demand in providing care for Islanders facing mental health and addictions issues, master programming has started for a new mental health and addictions campus on PEI. Master programming is a part of the overall planning process and includes the identification of what services will be provided, what they will look like, best practices, trends and opportunities and challenges. As a part of this planning work, patients, families and staff have completed surveys and participated in focus groups to provide their feedback on the development of the new campus.
- Security upgrades including installation of CCTV and panic alarms were completed at Hillsborough Hospital in response to the safety and security review of the hospital.

Provincial Renal Clinic

- New funds have been invested to construct a new Provincial Renal Clinic to support the continued growth of the renal clinic including peritoneal dialysis and post-kidney transplant care. Patients and their families will have access to new care and teaching spaces to help them manage their kidney disease in a modern and user-friendly environment.



www.healthpei.ca/dialysis

Accessibility for Patients

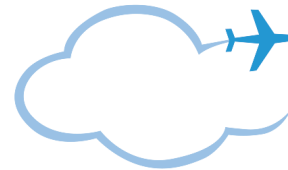
- The Improving Accessibility for Patients Who are Hard of Hearing Initiative was implemented at the QEH to ensure patients are comfortable during their care and staff are aware of any accommodations that need to be made for those who have hearing loss. This has improved communication between patients and staff members.

Out-of-Province Travel

- Through an expanded collaboration with Hope Air, 63 PEI residents travelling off-Island for medical services have had ferry passes provided to assist with travel expenses. In addition to the newly available ferry passes, over 1,000 Islanders have had bridge passes provided for travel off-Island.



www.healthpei.ca/ooptravelsupportprogram



HOPE AIR



Employee Health and Safety

- Finalized and implemented the Influenza Immunization and Management Policy, which is intended to provide greater protection for both patients and staff from seasonal influenza.
- Establishment of a Provincial Bariatric Patient Planning Committee to implement and roll-out the Provincial Bariatric Patient Policy which includes a core component on training staff in bariatric transferring, lifting and repositioning (TLR) to reduce risk of staff injury and illness working with patients.
- Additional resource materials and supports were built into the Employee Wellness and Safety section of the Staff Resource Centre to assist Health PEI staff.
- Continued participation by Health PEI on the national By Health for Health Collaborative on Psychological Health and Safety in the Workplace.
- Collaborative work with the Workers Compensation Board (WCB) to improve return to work outcomes for employees and improve safety and compliance across Health PEI.
- Monthly campaign on Safety@Work which began in January and Quarterly Occupational Health and Safety Newsletter distributed to staff.
- Safety Series training provided to staff and management through WCB and Health PEI.
- Development of a Drug, Alcohol and Medication Policy for all staff of Health PEI.
- Training offered in the spring for supervisors and managers in reducing work disability and improving return to work outcomes.



David and Carol Ferguson, and dog Chloe

Family Presence Policy



My father, who is in his eighties, has been dealing with some health issues in recent years and has been under care from time to time at Community Hospital, Western Hospital and Prince County Hospital (PCH). It was during this time that we learned about the new Family Presence Policy in health care facilities on PEI.

I think this new policy is a great idea. We are a busy family with a funeral business and we now have flexibility to see my father during times of the day we would not normally get to see him. An added bonus was that our dog Chloe could visit my father in hospital as he was use to seeing Chloe daily in his home.

Chloe is very much part of our family. It is a wonderful thing to be able to bring your pet in to the hospital to see a loved one. Chloe has worked as a therapy dog at our funeral home since she was a puppy and she has a real knack for comforting people who may be unhappy or suffering. When people are upset, Chloe goes to them. She thrives on going to people and helping them feel better.

It is a tremendous joy for the family to be able to come and go as we please when my father is in care - even in the odd hours. My mother-in-law had previously spent time in palliative care and we were able to come in any time, day or night, that worked.

The new Family Presence Policy is all about the patient and their family. In smaller hospitals, there may be older people waiting for placement who also enjoy regular family visits and pet therapy. My father now has home care support in his home and we surely keep up the visits with Chloe.

The Family Presence Policy helps in the healing process by helping them feel better through the company of loved ones. The more you can bring a patient back to a normal situation where you see family members more regularly, the better the patient feels.

Goal 2 – Access and Coordination

Linkage to Quality and Safety Framework



Accessibility



Appropriateness



Population Focus



Client-Centered Services

Provide access and coordination to community health and mental health and addictions to meet the needs of Islanders

Health PEI continues to work to ensure that Islanders are able to access programs, services and providers when they are needed. In 2017-18 Health PEI worked toward improving access to mental health and addictions by focusing on services provided in the community. Additional support for specialized community-based programs for different populations through service expansions in women's health, home care and chronic conditions were also implemented.

Strategic Priorities

1. Improve access to primary care services
2. Improve access to mental health and addictions services
3. Improve access to community-based specialized care programs for chronic and complex clients
4. Enhance home care services

Highlights

Mental Health and Addictions

- A Seniors Mental Health Resource Team (SMHRT) has started to provide care to seniors in Kings County out of both Souris and Montague. This expansion builds on past successes of the program in Prince and Queens County. The SMHRT provides care to older adults who have complex mental health needs. Care is also coordinated with different services (e.g. primary care, home care, the Provincial Geriatrics Program, family physicians and psychiatric units). Since starting in October 2017, the Kings County SMHRT has received 38 referrals with 32 of these being opened to an active SMHRT service.
- Mental health walk-in clinics were added to Richmond Centre and McGill Centre in Charlottetown. Clinics in Prince County were expanded to include a new clinic at the Lennox Island Health Centre and an additional clinic at PCH. These clinics provide walk-in counseling services to help Islanders deal with adjustment, crisis, anxiety and other mental health issues.
- The Strongest Families® Program continues to provide high quality support to children, youth and their families with mental health care access through the use of online and tele-counseling services. There were over 100 active clients in the program, with many successful discharges taking place throughout the year with high family satisfaction.

- Multi-disciplinary Student Well-Being Teams were established in the PEI school system to bring mental health and other comprehensive health services to schools. This service provides opportunities to prevent and treat mild to moderate mental health problems. This work is supported by different government departments and was first implemented in the Westisle and Montague families of schools.
- The Collaborative Mental Health Shared Care Program in primary care was established providing access and treatment to patients with mild to moderate anxiety and depression in primary care settings with ongoing support from mental health clinicians. The program is available in West Prince, Kings and Queens County locations. In 2017-18, over 1,250 referrals were made to the program resulting in over 3,730 appointments.
- Kings County Primary Care Network received a Health PEI Award of Merit for Quality and Safety in October 2017 for developing a collaborative mental health model of practice in primary care that provides early screening, early identification, and intervention related to mild/moderate anxiety and depression in the adult population.



www.healthpei.ca/mentalhealth

Provincial Diabetes Program

- The Provincial Diabetes Program received funding for a permanent NP to provide care to Islanders with diabetes. This care includes medication management and treatment adjustment. To support the intensive management of diabetes during pregnancy, additional funding has been made available to provide coverage for diabetic test strips for pregnant women.

Women's Wellness Program

- As a part of an expansion of the Women's Wellness Program, community based services were offered in Charlottetown, Summerside, Souris, O'Leary and Alberton including post-partum mental health support, pregnancy loss support, prenatal care for women without a primary care provider and sexual health services for all genders. From January to December 2017, there were over 1,700 visits to the different services offered through the Women's Wellness Program.



www.healthpei.ca/womenswellness



Head Injury Support and Recovery Clinic

- The Provincial Head Injury Support and Recovery Clinic at the Harbourside Health Centre in Summerside was established in July 2017 for Islanders with concussions or mild brain injuries with a focus on providing care, education and support to patients. Care is provided by a multi-disciplinary team of primary care nurses, NPs and physicians. To date, 49 Islanders have accessed the clinic.

Seniors' Health

- The Adult Day Program expanded with new staff and additional hours resulting in 40 new program spaces each week beyond the 160-180 seats previously available. This program offers group and individual person-centered activities that enhance personal well-being and provide support or respite for the caregiver.
- PEI's first internist geriatrician was hired to provide seniors with access to specialized care through the interdisciplinary Provincial Geriatric Program. This program strives to provide specialized assessments and care to older adults with the goal of improving their health and quality of life.

Cardiopulmonary Rehabilitation

- The Cardiopulmonary Rehabilitation Program, which is a 12-week program, continued to expand with over 180 patients registered in the cardiac and pulmonary streams of the program. The program, which is staffed by a multi-disciplinary team of health care professionals, offers participants education, supervised exercise, psychosocial support, assessments and goal setting. Plans for expansion of the program to Kings County were realized at the end of 2017-18 to provide additional access to residents in this county.

Palliative Care

- The 2017 Leadership Excellence in Quality and Safety Award went to the team that initiated the Paramedics Providing Palliative Care at Home Program. This program provides patients part of the Integrated Palliative Care Program with "after hours", in-home support for pain management and comfort measures by trained Island EMS paramedics. The care offered in-home for unexpected palliative events further supports the family and clients who wish to remain in the home rather than being transferred to hospital.



www.healthpei.ca/palliativecare



Murray MacPherson

COACH Program



My father was diagnosed with dementia in early 2015 and his mental decline was slow and constant. By mid-year 2017 he was hospitalized with a bladder infection and spent 41 days in hospital before being well enough to return home.

Our family learned about the benefits offered through the COACH (Caring for Older Adults in the Community and at Home) Program and the Provincial Geriatric Program. Without the professionalism and compassion offered by staff in those programs, my mother and I would not have the ability to handle my father's care on our own.

We worked with the COACH Program 5 days a week up until May 2018. They cover many tasks for my father but it was the little things that made the world of difference - services handled with a smile - the human touch that puts so many seniors at ease. We benefitted from frequent assessments which allowed us time to process the change that was happening. As caregivers, it helped us understand dementia, the stages of the disease and the time frames for care.

Recently he had a stroke and moved from level 3 to level 4 care which meant he was not able to do many of the simple daily tasks such as going to the washroom or being able to walk around safely so he is now under full time care at Riverview Manor in Montague. The staff are outstanding at what they do. You can immediately sense the experience and knowledge they have. Without the COACH and Geriatric programs my father would not have spent this past Christmas with his grandchildren at home or the last year of his life at home with his wife of 50 years. When you add the priceless value of that ... these programs are invaluable.

Goal 3 – *Innovation and Efficiency*

Linkage to Quality and Safety Framework



Efficiency



Continuity

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

Effectively managing the use of resources to benefit the health outcomes of Islanders and their access to services is a key factor in creating sustainability of the health care system. A patient's journey may require hospitalization; however, the flow of the journey must be monitored so that unnecessary delays in return to the community do not take place. Different initiatives across the province were implemented to enhance how patients flow through hospitals and community services. These initiatives are also linked to work on the expansion of services available in the community.

Strategic Priorities

1. Improve patient flow
2. Reduce wait times in emergency departments (EDs)
3. Ensure appropriate use of ambulatory care resources
4. Increase use of innovative practices

Highlights

Hospital Bed Utilization and Patient Flow

- A provincial bed coordinator was hired to oversee Health PEI's bed management practices: how beds are used and how best to ensure that care is provided in the right place, right time and by the right provider. The coordinator works with health care providers and staff across all PEI hospital sites.
- A provincial bed board in the clinical information system was developed and will be rolled-out across the province in 2018-19. The bed board is a tool used by health care providers to manage hospital beds and to better understand where pressure points are in the hospital system.

- Research and province-wide consultations were completed for the development of the Hospital Service Sites Provincial Overcapacity Policy. The purpose of the policy is to identify the procedures to be used when there are limited capacities in the hospital system.
- Ten new Patient Flow and System Utilization Projects were started in 2017-18. These projects, which are staff-led, focus on improving discharge times, processes and appropriate hospital bed use. Improvements have been noted in the use of providing the expected date of discharge by health care providers to support timely patient discharge and sharing information with families. These projects will help patients, families and staff members better plan for discharges from the hospital.

Long-Term Care

- Establishment of an enhanced medical model of care for LTC facilities including NP positions in various Health PEI LTC facilities and the creation of a medical director for provincial programs. The implementation of this model will enhance capacity to deliver person-centred best practice care to residents and support transitions across the health continuum.
- Culture care capacity continues to expand with the establishment of a bilingual service at Beach Grove Home. Foundational work, including the designation of 11 beds in the facility and modifications to the placement process, took place to support this service.



www.healthpei.ca/beachgrovehome

- A new multi-year agreement with private LTC homes was signed to promote sustainability in this important sector of the health care system.
- Progress continues on the construction of innovative and modern LTC homes in Tyne Valley and Montague.



www.healthpei.ca/longtermcare

Remote Patient Monitoring

- The Remote Patient Monitoring (RPM) Program continued to advance how care is provided at home to patients with congestive heart failure through innovative technologies and specially trained staff. To date, a comparative of 40 heart failure participants has shown a 45% decrease in ED visits, 80% decrease in hospital admissions and have eliminated readmissions to hospitals (at 0-7 days and 8-28 days). Participant satisfaction was also significant at 92% satisfaction.
- At the beginning of the 2017-18 fiscal year, the RPM Program was opened to include patients with chronic obstructive pulmonary disease (COPD). In 2017-18, 125 patients participated in the RPM Program. Adrienne Fudge, RN, and Colleen Murphy, RN, received a Health PEI Award of Merit for Quality and Safety in October 2017 for their work with the RPM Program.

Emergency Services

- Health PEI, in partnership with Island EMS, Heart and Stroke PEI and Medacom Atlantic, developed an Automatic External Defibrillators (AED) Registry for PEI. AEDs are used in cardiac emergency situations.



www.healthpei.ca/aedregistry

- Emergency Department wait times for Kings County Memorial Hospital (KCMH) are now available online providing incoming patients with real-time information. With the addition of KCMH, wait times for all EDs are now available online.
- A new Emergency Medical Dispatch system was introduced by Health PEI and Island EMS allowing 911 dispatchers to provide instructions such as cardiopulmonary resuscitation (CPR) directions over the telephone until first responders arrived.

Advance Care Planning

- A new online *Advance Care Planning Workbook* was developed to help Islanders identify and communicate their wishes for health and personal care to improve their overall quality of life, quality of end-of-life care and communication with providers and families. This tool was developed in partnership with the Canadian Hospice Palliative Care Association and Hospice PEI.



www.healthpei.ca/advancecareplanning

West Prince Volunteer Services

- A new interactive online tool has been developed and implemented to support individuals interested in volunteering at hospitals in the West Prince area of PEI. This program has also created linkages with French-speaking volunteers and areas with French-speaking patients and clients.



Greg Gairns

Patient Advisor



I began volunteering with Health PEI as a patient advisor in May 2018 as part of the Quality Improvement Team. I was interested in taking on the role due to my day job work in the Holland College Student Union. We have a NP at the College for our students and as part of my job, I am administrator of the College's student health plan. I am also the father of three young kids – so the PEI healthcare system is very important to me.



There are many students from off-Island and I wanted to lend another public voice in health care planning work for both my students and my family. I often hear about students' experience in receiving health care services on PEI. It was important for me to better understand the challenges in student and family access to health care in this province and how to contribute to improvements.

Often I would hear of students ending up in the ED at hospitals rather than knowing to go to a walk-in clinic. Students can be in the ED for hours for non-urgent cases when they do not really need to be there. Seeing the situation from a health care provider perspective was very eye opening. I am beginning to understand the challenges of the health care front lines. Students don't seem to be aware or understand health care services until they need them. My role as a volunteer patient advisor has helped me be more aware of how the health system works and the role Islanders can play to improve things.

A real eye opener was to see data on the frequency of "no shows" for scheduled health care appointments and how this creates additional and unnecessary delays and wait times. We all can play a role in dealing with no shows by arriving on time for our appointments and calling in advance if you think you are not able to make it. It is important to be respectful to staff who work so hard to provide services to Islanders in a timely way.

I was encouraged to see the amount of safety training that health care professionals go through to do their jobs safely and effectively.

Islanders are sometimes known for sitting back and complaining. I have discovered you can step up and be at the planning table and help make a difference. I wanted to be involved but did not know how I could make an impact – so far it has been a great experience working as a patient advisor and I am happy to continue working on quality improvement work.

2017-2018

Financial Highlights

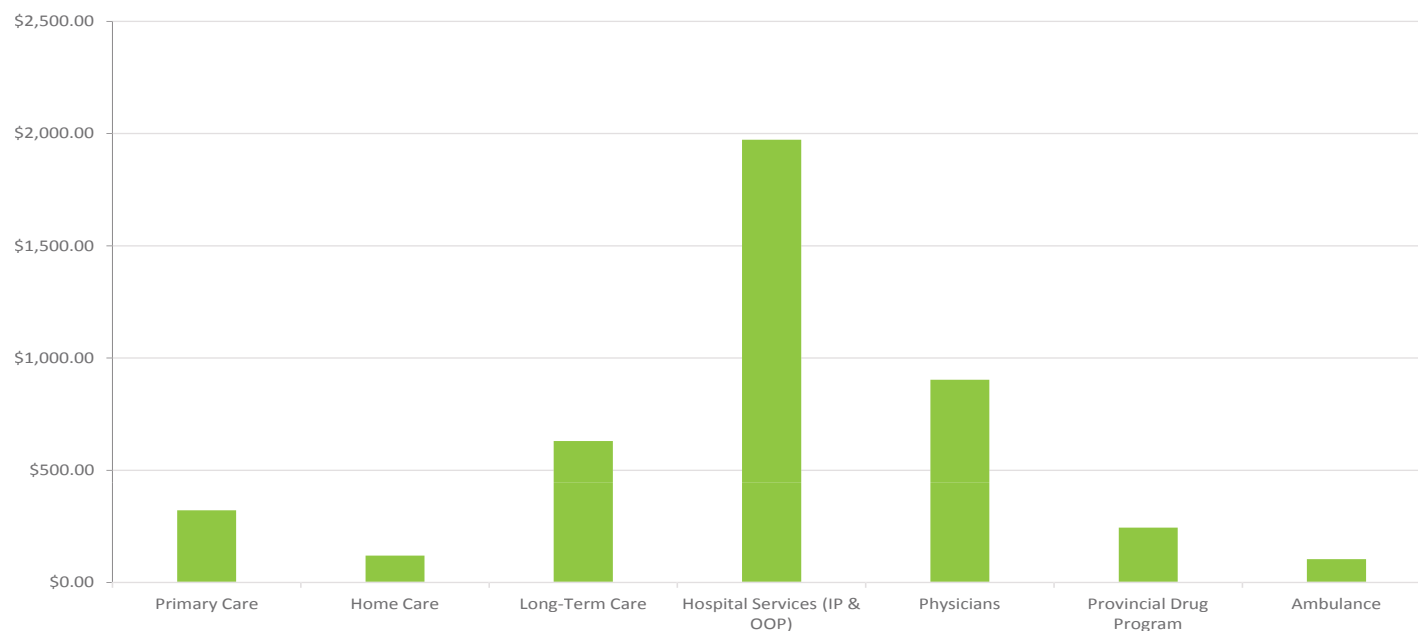
This section of the annual report highlights the organization’s operations for the fiscal year ending March 31, 2018. This financial section should be read in conjunction with Health PEI’s audited financial statements (Appendix B).

Operations	Operating Activities	Special Warrant for Prior Period	Total
Revenues	\$ 669,942,118	\$ 21,502,100	\$ 691,444,218
Expenditures	\$ 675,683,989		\$ 675,683,989
Subtotal - Operating	\$ (5,741,871)		\$ 15,760,229
Capital			
Revenues			\$ 21,966,699
Amortization			\$ 16,207,396
Subtotal - Capital			\$ 5,759,303
Annual (Deficit) Surplus			\$ 21,519,532

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 enhancements and better control spending in specific areas. Targets are based on anticipated areas of growth or projected needs for additional resources to meet the needs of Islanders.

2017-2018 Expenses per Capita (Actual)



IP = In-Province OOP = Out-of-Province

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, renal services and out-of-province medical care for Islanders.

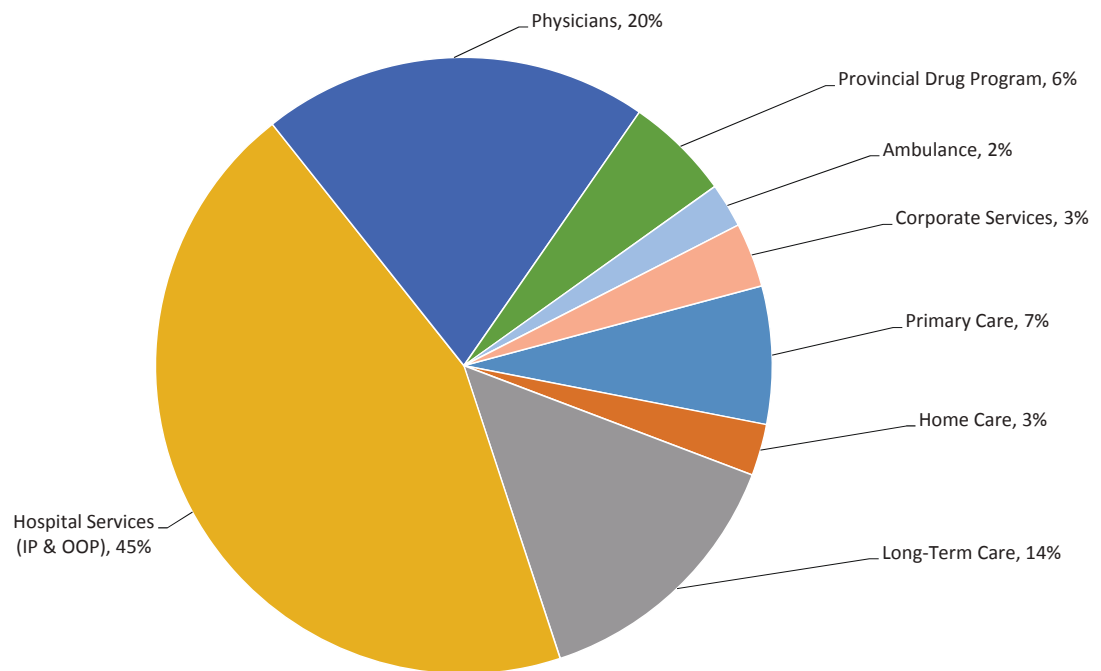
Physicians – expenses relating to services provided by physicians and programs for physicians, including: primary health care, acute medical care, specialty medical care and the Medical Residency Program.

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.

Ambulance – expenses relating to the contracting and provision of ground and air ambulance services.

Corporate and Support Services – expenses relating to the provision of centralized, corporate support services including: strategic planning and evaluation, risk management, quality and safety, human resource management, financial planning and analysis, financial accounting and reporting, materials management and health information management.

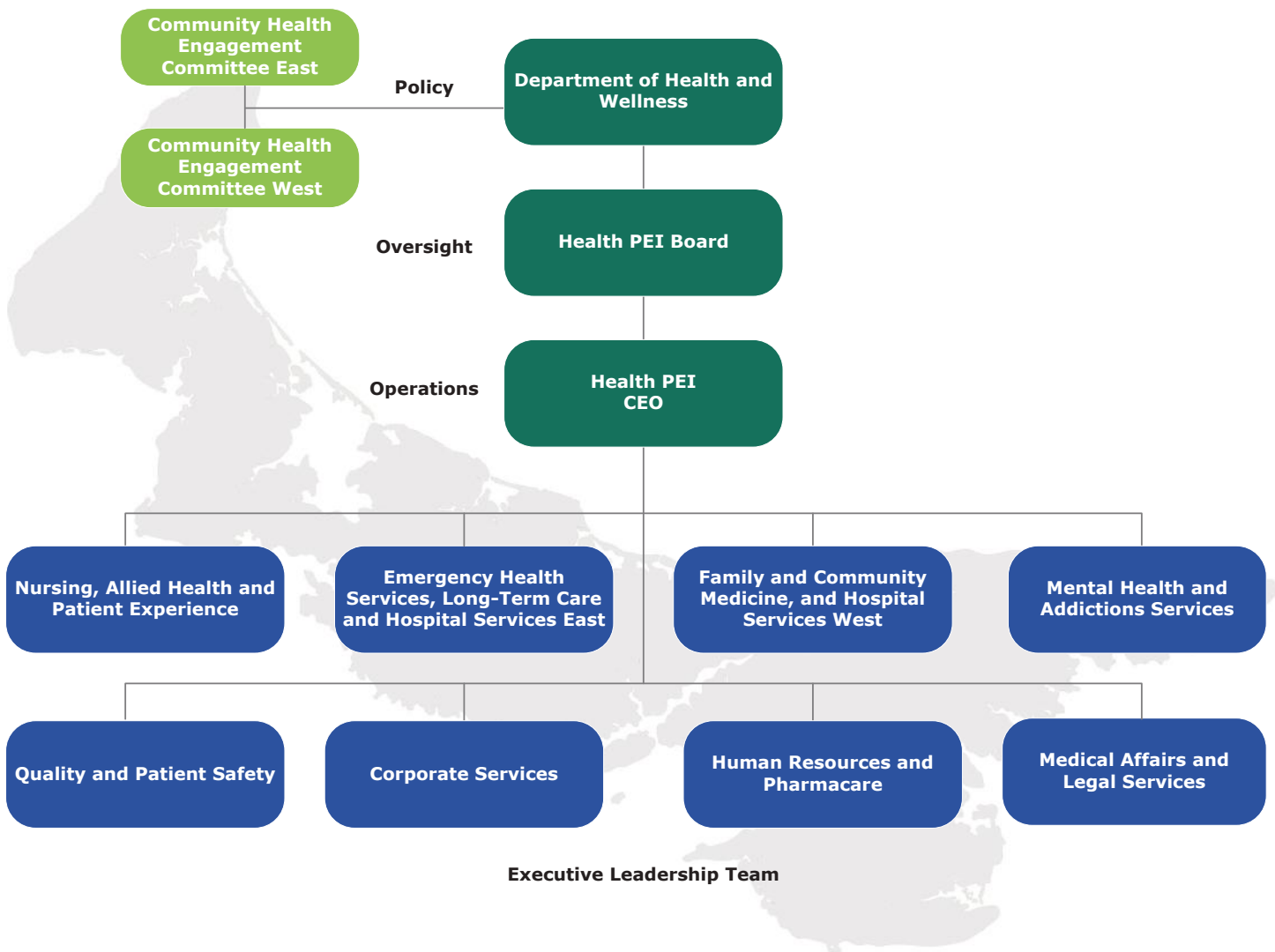
2017-2018 Expenses by Sector (Actual)



IP = In-Province OOP = Out-of-Province

2017-2018

Organizational Structure



2017-2018

Health PEI By the Numbers

Employees*	2015/16	2016/17	2017/18
Nursing (NPs, RNs, LPNs, RCWs & PCWs)	1,725	1,693	1,754
Administration and Management	200	195	200
Lab Technicians	176	175	176
Secretarial/Clerical	287	287	286
Utility Worker/Service Worker	383	382	393
Other Health Professionals and Support Staff	1,093	1,093	1,134
Medical Staff			
Family Physicians	120	118	120
Specialists	104	102	109
Residents	10	9	10
Hospital-Based Service Volumes Across Health PEI			
Emergency Visits	93,103	94,598	96,675
Operative Cases (acute care)	3,680	3,836	3,697
Operative Cases (day surgery)	5,604	5,641	6,160
Inpatient Days (excludes Hillsborough Hospital)	133,640	150,116	145,492
Admissions (excludes Hillsborough Hospital)	14,978	15,327	14,827
Average Length of Stay (days) (excludes Hillsborough Hospital)	8.73	9.38	9.76
Number of Diagnostic Imaging Exams	143,532	154,020	154,434
Number of Tests Processed by Laboratory Services	2,268,043	2,353,550	2,481,255
Hospital-Based Mental Health Services Inpatients	935	1,061	1,077
Long-Term Care (public facilities only)			
Occupancy Rate	97.2%	98.1%	98.1%
Number of Long-Term Care Admissions	214	194	194
Number of Long-Term Care Beds	598	598	598
Number of Long-Term Care Facilities	9	9	9
Average Length of Stay (years)	2.6	2.6	3.0
Home Care			
Number of Clients Served by Home Care	4,213	4,300	4,388
Number of Home Care Clients that are 75+ years old	2,261	2,217	2,341

* Permanent full-time equivalents.



www.healthpei.ca/bythenumbers

2017-2018

Health PEI by the Numbers

PEI Cancer Treatment Centre	2015/16	2016/17	2017/18
Radiation Therapies and Simulation Visits	8,690	8,608	8,950
Medical Visits	17,654	28,998	Not Available
Radiation Consults and Follow-ups	3,291	3,594	3,761
Medical Consults and Follow-ups	5,332	5,739	6,331
Mental Health and Addictions			
Community Mental Health Provincial – Referrals	5,443	6,057	6,091
Community Mental Health – Crisis Response	1,461	1,679	2,024
Addiction Services – Total Admissions	3,491	3,160	3,079
Primary Health Care			
Visits to Primary Care Health Centres	134,564	138,912	136,617
Primary Care Health Centres – Number of distinct clients	40,845	41,863	43,695
Provincial Diabetes Programs – Number of distinct clients	3,957	4,330	4,630
Provincial Diabetes Programs – Total visit count	18,444	19,521	22,521
Provincial Diabetes Programs – Total number of referrals (Pediatric Type 1 & 2; Adult Type 1 & 2; Gestational Diabetes)	1,537	1,542	1,539
Public Health Dental Program – Number of children who received dental treatment	4,581	3,915	4,397
Public Health Dental Program – Number of children who participated in the School-Based Prevention Program*	12,631	11,554	11,952

*The school numbers run with the school year that is recorded from July 1 to June 30. The school year starts in the summer because clinics run in some schools during that period.



Appendix A

Performance Indicators

Goal	Indicator	
Quality and Safety	Percentage of medication reconciliation completed on admission:	For acute care
		For community mental health
		For outpatient addictions
	Percentage of quality teams with two patient/family advisors	
Access and Coordination	Number of Women's Wellness procedures performed in ambulatory care at PCH	
	Number of residents with COPD / heart failure participating in the RPM Program	
	Number of clients enrolled in the COACH Program	
	Number of palliative care clients in home care	
Innovation and Efficiency	Median wait time in the ED for admitted patients	
	Median wait time for physician initial assessment for triage level 3 in the ED	
	Volume of telemedicine services	

TREND LEGEND

√ - Meeting target or on track to meet target	X - Not meeting or will not meet target
---	---

	Baseline 2016-17	2017-18	Target	Trend	Division
	61%	68%	75%	X	Quality and Patient Safety
	N/A	59.1%	75%	-	
	N/A	72.1%	75%	-	
	25%	40%	100%	Δ	Quality and Patient Safety
	53	566	-	◇	Family and Community Medicine, and Hospital Services West
	53	67	100	√	Family and Community Medicine, and Hospital Services West
	60	51	15-20% increase	√	Family and Community Medicine, and Hospital Services West
	962	405	10% increase	Δ	Family and Community Medicine, and Hospital Services West
	14.96 hrs	16.09	8.0 hrs	X	Emergency Health Services, Long-Term Care and Hospital Services East Family and Community Medicine, and Hospital Services West
	1.43 hrs	1.48	1.0 hr	→	Emergency Health Services, Long-Term Care and Hospital Services East Family and Community Medicine, and Hospital Services West
	338	327	-	◇	Emergency Health Services, Long-Term Care and Hospital Services East Family and Community Medicine, and Hospital Services West Mental Health and Addictions Services

Δ - Caution – needs work to meet target

→ - Trending towards target

◇ - No established target, standard or benchmark

Appendix B

Audited Financial Statements

HEALTH PEI

Financial Statements
March 31, 2018

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 Auditor General conducts an independent examination, in accordance with Canadian generally accepted auditing standards and expresses her opinion on the financial statements. 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


Denise Lewis Fleming
Chief Executive Officer


Pat Ryan
Comptroller

June 29, 2018



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 Trustee of Health PEI

I have audited the financial statements of **Health PEI**, which comprise the statement of financial position as at March 31, 2018, and the statements of operations and accumulated surplus, changes in net debt, and cash flow for the year then ended and a summary of significant accounting policies and other explanatory information.

Management's Responsibility 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 as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on my audit. I conducted the audit in accordance with Canadian generally accepted auditing standards. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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 the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall financial statement presentation.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the financial statements present fairly, in all material respects, the financial position of the Corporation as at March 31, 2018, 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.

B. Jane MacAdam, CPA, CA
Auditor General

Charlottetown, Prince Edward Island
June 29, 2018

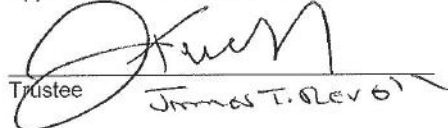
HEALTH PEI

Statement of Financial Position
March 31, 2018

	2018	2017
	\$	\$
Financial Assets		
Cash	-	2,209,285
Restricted cash (Note 2b)	1,149,640	1,227,854
Accounts receivable (Note 4)	12,660,011	10,185,534
Due from the Department of Health and Wellness	<u>81,872,347</u>	<u>46,222,108</u>
	<u>95,681,998</u>	<u>59,844,781</u>
Liabilities		
Accounts payable and accrued liabilities (Note 7)	106,413,384	95,838,810
Bank advances	6,521,726	-
Employee future benefits (Note 8)	75,142,548	72,104,516
Deferred donations (Note 2b)	1,149,640	1,227,854
Deferred revenue (Note 9)	<u>51,499</u>	<u>5,982</u>
	<u>189,278,797</u>	<u>169,177,162</u>
Net Debt	<u>(93,596,799)</u>	<u>(109,332,381)</u>
Non Financial Assets		
Tangible capital assets (Note 11)	238,359,996	232,600,693
Inventories held for use (Note 5)	4,137,647	4,074,091
Prepaid expenses (Note 6)	<u>1,044,880</u>	<u>1,083,789</u>
	<u>243,542,523</u>	<u>237,758,573</u>
Accumulated Surplus	<u>149,945,724</u>	<u>128,426,192</u>
Trusts under administration (Note 16)	833,140	826,339

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

Approved on behalf of Health PEI


Trustee James T. Revolt

HEALTH PEI

Statement of Operations and Accumulated Surplus
for the year ended March 31, 2018

	Budget (Note 18)		
	2018	2018	2017
	\$	\$	\$
Revenues			
Operating grants - Dept. of Health and Wellness	640,152,800	661,654,900	617,247,345
Fees - patient and client (Note 14)	21,854,000	22,000,871	20,687,525
Food services	1,141,400	1,043,164	1,019,741
Federal revenues	110,600	36,048	554,424
Sales	560,400	387,030	406,355
Other	<u>1,064,700</u>	<u>6,322,205</u>	<u>2,301,065</u>
Operational Revenues	<u>664,883,900</u>	<u>691,444,218</u>	<u>642,216,455</u>
Capital grants - Dept. of Health and Wellness	23,705,800	18,201,897	8,474,742
Other capital contributions	<u>3,000,000</u>	<u>3,764,802</u>	<u>5,012,500</u>
Capital Revenues	<u>26,705,800</u>	<u>21,966,699</u>	<u>13,487,242</u>
	<u>691,589,700</u>	<u>713,410,917</u>	<u>655,703,697</u>
Expenses (Note 19)			
Community Hospitals	24,092,500	24,226,963	23,449,283
Acute Care	174,604,600	175,776,056	172,640,089
Addiction Services	12,272,500	12,190,926	12,206,035
Acute Mental Health	19,499,000	19,832,547	19,202,603
Community Mental Health	12,862,700	12,033,733	10,757,222
Continuing Care	68,569,400	68,938,311	66,763,681
Private Nursing Home Subsidies	25,445,100	26,828,430	23,952,216
Public and Dental Health	11,543,200	10,784,075	10,658,848
Provincial Pharmacare Programs	37,153,600	37,097,026	35,422,465
Home Care and Support	18,689,100	18,248,189	16,956,676
Provincial Laboratory and Diagnostic Imaging	33,513,500	32,842,443	33,095,317
Provincial Hospital Pharmacies	6,119,100	6,311,488	5,860,814
Emergency Health Services	17,679,400	18,098,888	16,767,026
Corporate and Support Services	24,769,800	22,748,867	22,007,857
Medical Programs - In Province	114,493,200	124,496,802	116,349,309
Medical Programs - Out of Province	49,800,800	51,363,443	51,486,982
Primary Care	<u>13,776,400</u>	<u>13,865,802</u>	<u>13,558,898</u>
Program and Service Expenses	664,883,900	675,683,989	651,135,320
Amortization of tangible capital assets	-	<u>16,207,396</u>	<u>15,690,069</u>
	<u>664,883,900</u>	<u>691,891,385</u>	<u>666,825,389</u>
Annual Surplus (Deficit) (Note 15)	<u>26,705,800</u>	21,519,532	(11,121,692)
Accumulated Surplus, beginning of year		<u>128,426,192</u>	<u>139,547,884</u>
Accumulated Surplus, end of year		<u>149,945,724</u>	<u>128,426,192</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, 2018

	Budget 2018	2018	2017
	\$	\$	\$
Net Debt, beginning of year	(109,332,381)	(109,332,381)	(101,877,452)
Changes in year:			
Annual surplus (deficit)	26,705,800	21,519,532	(11,121,692)
Acquisition of tangible capital assets	(26,705,800)	(21,966,699)	(13,487,242)
Proceeds on disposal of tangible capital assets	-	11,705	81,818
Amortization of tangible capital assets	-	16,207,396	15,690,069
Gain on disposal of tangible capital assets	-	(11,705)	(81,818)
Increase in inventories	-	(63,556)	(249,304)
Decrease in prepaid expenses	-	38,909	1,713,240
Change in Net Debt	-	15,735,582	(7,454,929)
Net Debt, end of year	(109,332,381)	(93,596,799)	(109,332,381)

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

HEALTH PEI

Statement of Cash Flow
for the year ended March 31, 2018

	2018	2017
	\$	\$
Cash provided (used) by:		
Operating Activities		
Surplus (deficit) for the year	21,519,532	(11,121,692)
Gain on disposal of tangible capital assets	(11,705)	(81,818)
Amortization of tangible capital assets	16,207,396	15,690,069
Changes in:		
Accounts receivable	(2,474,477)	(1,570,375)
Due from the Department of Health and Wellness	(35,650,239)	(3,349,806)
Accounts payable and accrued liabilities	10,574,574	10,575,991
Employee future benefits	3,038,032	6,220,656
Deferred revenue	45,517	(376,128)
Inventories held for use	(63,556)	(249,304)
Prepaid expenses	<u>38,909</u>	<u>1,713,240</u>
Cash provided by operating activities	<u>13,223,983</u>	<u>17,450,833</u>
Capital Activities		
Acquisition of tangible capital assets	(21,966,699)	(13,487,242)
Proceeds on disposal of tangible capital assets	<u>11,705</u>	<u>81,818</u>
Cash used by capital activities	<u>(21,954,994)</u>	<u>(13,405,424)</u>
Change in cash	(8,731,011)	4,045,409
Cash (bank advances), beginning of year	<u>2,209,285</u>	<u>(1,836,124)</u>
Cash (bank advances), end of year	<u>(6,521,726)</u>	<u>2,209,285</u>

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

HEALTH PEI

Notes to Financial Statements
March 31, 2018

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

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. Health PEI complies with the recommendations of the Public Sector Accounting Board (PSAB) of the Chartered Professional Accountants of Canada (CPA Canada). PSAB standards are supplemented, where appropriate, by other CPA Canada accounting pronouncements.

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.

HEALTH PEI

Notes to Financial Statements
March 31, 2018

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

a) Cash and Bank Advances

Cash and bank advances include cash on hand and balances on deposit with financial institutions, net of overdrafts.

b) Restricted Cash

Restricted cash consist 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.

c) Accounts Receivable

Accounts receivable are recorded at cost less any provision when collection is in doubt. The provision includes receivables which are known not to be recoverable and 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. 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.

HEALTH PEI

Notes to Financial Statements
March 31, 2018

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

g) Tangible Capital Assets (continued...)

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.

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, any eligibility criteria are 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.

HEALTH PEI

Notes to Financial Statements
March 31, 2018

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

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.

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

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of the revenues and expenses during the period. Items requiring the use of significant estimates include the useful life of capital assets, employee retirement and sick leave benefits, provisions for doubtful accounts including accounts receivable related to recovery of assessments arising from internal audits of physician billings, 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.

Estimates are based on the best information available at the time of preparation of the financial statements and are reviewed annually to reflect new information as it becomes available. Measurement uncertainty exists in these financial statements. Actual results could differ from these estimates and the differences could be material.

HEALTH PEI

Notes to Financial Statements

March 31, 2018

3. Financial Instruments

Fair Value

Health PEI's financial instruments consist of cash and bank advances, 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.

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.

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.

HEALTH PEI

Notes to Financial Statements

March 31, 2018

4. Accounts Receivable

	<u>2018</u>	<u>2017</u>
	\$	\$
Fees and revenues receivable	5,372,982	5,177,151
Assessments of physician billings	2,003,049	1,839,867
Hospital foundations	878,099	1,468,736
Province of Prince Edward Island	587,867	118,616
Employee advances	512,161	553,154
Other	<u>5,877,464</u>	<u>3,294,722</u>
	15,231,622	12,452,246
Less: provision for doubtful accounts	<u>(2,571,611)</u>	<u>(2,266,712)</u>
	<u>12,660,011</u>	<u>10,185,534</u>

The aging of fees and revenues receivable is as follows:

	<u>2018</u>	<u>2017</u>
	\$	\$
Current	2,953,410	3,457,385
61-90 days	449,454	181,629
91-180 days	238,769	579,473
Greater than 180 days	<u>1,731,349</u>	<u>958,664</u>
	5,372,982	5,177,151

5. Inventories Held for Use

	<u>2018</u>	<u>2017</u>
	\$	\$
Medical supplies	2,317,672	2,450,865
Drugs	1,470,039	1,422,638
Food and other supplies	<u>349,936</u>	<u>200,588</u>
	<u>4,137,647</u>	<u>4,074,091</u>

6. Prepaid Expenses

	<u>2018</u>	<u>2017</u>
	\$	\$
Maintenance contracts	1,017,185	1,019,224
Other	<u>27,695</u>	<u>64,565</u>
	<u>1,044,880</u>	<u>1,083,789</u>

HEALTH PEI

Notes to Financial Statements
March 31, 2018

7. Accounts Payable and Accrued Liabilities

	<u>2018</u>	<u>2017</u>
	\$	\$
Accounts payable	26,398,447	25,418,870
Accrued liabilities	32,448,556	27,657,674
Salaries and benefits payable	26,560,386	22,587,605
Accrued vacation pay	<u>21,005,995</u>	<u>20,174,661</u>
	<u>106,413,384</u>	<u>95,838,810</u>

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 \$51,970,300 as at April 1, 2017. 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, 2017. Significant actuarial assumptions used in the valuation and projections are:

Discount rate per annum: 3.26% (April 1, 2016 - 3.08%)

Expected salary increase: 2.70% per annum and promotional scale

Expected average remaining service life: 12 years

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 3.30% at April 1, 2018 has also been applied resulting in a decrease of \$215,266 to the accrued benefit obligation and a corresponding decrease in the unamortized gains and losses at March 31, 2018.

HEALTH PEI

Notes to Financial Statements

March 31, 2018

8. Employee Future Benefits (continued...)

a) Retirement Allowance (continued...)

	<u>2018</u>	<u>2017</u>
	\$	\$
Balance, beginning of year	46,116,883	42,420,249
Current service cost	4,019,900	3,712,662
Interest accrued on liability	1,696,627	1,645,204
Amortization of actuarial gains & losses	1,029,274	1,317,410
Less: payments made	<u>(3,872,961)</u>	<u>(2,978,642)</u>
Balance, end of year	<u>48,989,723</u>	<u>46,116,883</u>
Gross accrued benefit obligation	53,598,600	54,541,100
Less: unamortized actuarial gains & losses	<u>(4,608,877)</u>	<u>(8,424,217)</u>
Net accrued benefit obligation	<u>48,989,723</u>	<u>46,116,883</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 1950 hours with the exception of 7 grandfathered members whose sick leave balances are currently higher than 1950 hours. All other employees can accumulate to a maximum of 1612.50 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 \$22,924,600 as at April 1, 2017. 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, 2017.

HEALTH PEI

Notes to Financial Statements
March 31, 2018

8. Employee Future Benefits (continued...)

b) Accrued Sick Leave (continued...)

Significant actuarial assumptions used in the valuation and projections are:

Discount rate per annum: 3.26% (April 1, 2016 - 3.08%)

Expected salary increase: 2.70% per annum and promotional scale

Expected average remaining service life: 14 years

Termination rates: CSSA 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 55 and older at the valuation date are assumed to retire according to the CSSA retirement scale starting one year after the valuation date.

A revised discount rate of 3.30% at April 1, 2018 has also been applied resulting in a decrease of \$92,787 to the accrued benefit obligation and a corresponding decrease in the unamortized gains and losses at March 31, 2018.

	<u>2018</u>	<u>2017</u>
	\$	\$
Balance, beginning of year	25,987,633	23,463,611
Current service cost	2,902,600	3,498,268
Interest accrued on liability	739,870	989,766
Amortization of actuarial gains & losses	(116,295)	643,754
Less: payments made	<u>(3,360,983)</u>	<u>(2,607,766)</u>
Balance, end of year	<u>26,152,825</u>	<u>25,987,633</u>
Gross accrued benefit obligations	23,113,300	33,162,415
Less: unamortized actuarial gains & losses	<u>3,039,525</u>	<u>(7,174,782)</u>
Net accrued benefit obligation	<u>26,152,825</u>	<u>25,987,633</u>

HEALTH PEI

Notes to Financial Statements
March 31, 2018

8. Employee Future Benefits (continued...)

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 *Civil Service Superannuation 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 *Civil Service Superannuation 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 \$19,323,740 (2017 - \$18,835,571) was contributed towards the Civil Service Superannuation 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 9 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 \$1,174,497 (2017 - \$1,067,924) was contributed towards salaried physicians' personal RRSP accounts.

- 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 revenues set aside for specific purposes as required either by legislation, regulation, or agreement as at March 31, 2018:

	Balance, beginning of year	Receipts during year	Transferred to revenue	Balance, end of year
	\$	\$	\$	\$
Health promotion projects	<u>5,982</u>	<u>51,499</u>	<u>(5,982)</u>	<u>51,499</u>

HEALTH PEI

Notes to Financial Statements
March 31, 2018

10. Contingent Liabilities

Health PEI is subject to legal actions arising in the normal course of business. At March 31, 2018, 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.

11. Tangible Capital Assets

	Land and land improvements	Buildings and improvements	Equipment and vehicles	Computer hardware and software	2018 Total	2017 Total
	\$	\$	\$	\$	\$	\$
Cost						
Opening balance	3,151,715	282,882,368	118,765,494	57,420,976	482,220,555	450,341,068
Additions	14,411	16,645,359	4,854,962	451,967	21,965,699	13,487,242
Disposals	-	-	(73,260)	-	(73,260)	(1,607,755)
Closing balance	<u>3,166,126</u>	<u>299,527,727</u>	<u>123,547,196</u>	<u>57,872,945</u>	<u>484,113,994</u>	<u>462,220,555</u>
Accumulated Amortization						
Opening balance	1,012,798	89,160,104	104,271,168	35,175,794	229,619,862	215,537,548
Disposals	-	-	(73,260)	-	(73,260)	(1,607,755)
Amortization	<u>59,667</u>	<u>6,730,069</u>	<u>5,588,651</u>	<u>3,829,009</u>	<u>16,207,396</u>	<u>15,690,069</u>
Closing balance	<u>1,072,465</u>	<u>95,890,173</u>	<u>109,786,559</u>	<u>39,004,803</u>	<u>245,753,998</u>	<u>229,619,862</u>
Net book value	<u>2,093,663</u>	<u>203,637,554</u>	<u>13,760,637</u>	<u>18,868,142</u>	<u>238,359,996</u>	<u>232,600,693</u>

Cost at March 31, 2018 includes assets under construction as follows:

	<u>2018</u> \$	<u>2017</u> \$
Queen Elizabeth Hospital	3,992,361	2,156,714
Tyne Valley Long Term Care	4,581,538	259,500
Riverview Manor	6,843,499	679,358
Other buildings - major improvements	554,951	522,355
Equipment	986,011	314,809
Computer software	<u>407,802</u>	<u>584,049</u>
	<u>17,360,162</u>	<u>4,510,785</u>

HEALTH PEI

Notes to Financial Statements
March 31, 2018

12. Contractual Obligations

	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>Thereafter</u>
	\$	\$	\$	\$	\$	\$
Private nursing homes	22,599,471	23,122,649	-	-	-	-
Ambulance services	11,207,657	-	-	-	-	-
IT maintenance	2,920,300	1,842,141	-	-	-	-
PEI Medical Society	1,724,173	-	-	-	-	-
Maintenance contracts	2,517,072	2,162,641	842,247	119,332	16,884	-
Education funds	1,110,000	310,000	-	-	-	-
Facility rental	290,943	166,305	-	-	-	-
Other	<u>9,532,640</u>	<u>5,823,286</u>	<u>1,907,797</u>	<u>1,004,326</u>	<u>290,218</u>	<u>4,060,270</u>
	<u>51,902,256</u>	<u>33,427,022</u>	<u>2,750,044</u>	<u>1,123,658</u>	<u>307,102</u>	<u>4,060,270</u>

Health PEI has \$5,094,527 in outstanding contractual commitments for capital projects which commenced on or before March 31, 2018, and are still incomplete.

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

	<u>2018</u>	<u>2017</u>
	\$	\$
Transfers from the Province of Prince Edward Island:		
Operating grant - Department of Health and Wellness	640,152,800	604,664,100
Special Warrant related to prior period shortfall	21,502,100	12,583,245
Capital grant - Department of Health and Wellness	18,201,897	8,474,742
Salary recoveries	613,588	896,316
Other sales and expenses	<u>879,040</u>	<u>312,133</u>
	<u>681,349,425</u>	<u>626,930,536</u>
Transfers to the Province of Prince Edward Island:		
Salary reimbursements	379,599	253,453
Insurance premiums	1,945,722	1,851,665
Public Service Commission	670,795	671,188
Other expenses	<u>1,295,114</u>	<u>894,474</u>
	<u>4,291,230</u>	<u>3,670,780</u>

HEALTH PEI

Notes to Financial Statements
March 31, 2018

13. Related Party Transactions (continued...)

Included within the accounts receivable balance at year-end are \$587,867 (2017 - \$118,616) of transfers from the Province of Prince Edward Island. Included within the accounts payable balance at year-end are \$832,813 (2017 - \$1,013,978) of transfers 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.

14. Fees - Patient and Client

	<u>2018</u>	<u>2017</u>
	\$	\$
Continuing Care resident fees	12,616,077	12,346,909
Hospital medical services:		
Non-residents	5,517,190	4,612,158
Uninsured hospital services - workers compensation	1,577,434	1,624,039
Other uninsured hospital services	1,945,581	1,767,553
Hospital preferred room accommodations	305,298	302,563
Other	39,291	34,303
	<u>22,000,871</u>	<u>20,687,525</u>

15. 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 18. 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.

During the current period a special warrant for the 2016-17 shortfall of \$21,502,100 was authorized and is reflected in the 2017-18 Statement of Operations and Accumulated Surplus. Funding for the 2017-18 operating budget shortfall of \$5,741,871 will be reflected in the Statement of Operations and Accumulated Surplus in the year when the funding is authorized.

HEALTH PEI

Notes to Financial Statements
March 31, 2018

15. Annual Surplus (Deficit) (continued...)

The annual surplus for the year ended March 31, 2018 was comprised of:

	<u>Operational</u>	<u>Special Warrant for Prior Period</u>	<u>Total Operational</u>	<u>Capital</u>	<u>2018</u>
	\$	\$	\$	\$	\$
Grants – Dept. of Health and Wellness	640,152,800	21,502,100	661,654,900	18,201,897	679,856,797
Other revenues	<u>29,789,318</u>	-	<u>29,789,318</u>	<u>3,764,802</u>	<u>33,554,120</u>
Total revenues	669,942,118	21,502,100	691,444,218	21,966,699	713,410,917
Program and service expenses	675,683,989	-	675,683,989	-	675,683,989
Amortization	-	-	-	<u>16,207,396</u>	<u>16,207,396</u>
Surplus (Deficit)	<u>(5,741,871)</u>	<u>21,502,100</u>	<u>15,760,229</u>	<u>5,759,303</u>	<u>21,519,532</u>

16. Trusts Under Administration

At March 31, 2018, the balance of funds held in trust for residents of facilities in Continuing Care was \$833,140 (2017 - \$826,339). 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.

17. Subsequent Events

On May 23, 2018, all members of the Health PEI board resigned, citing concerns with the new *Health Services Act*. James T. Revell has been appointed trustee of Health PEI on June 14, 2018 in accordance with the *Health Services Act*, and will represent the board until a new board is appointed. There is no anticipated significant fiscal impact as a result of the changes.

18. 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, 2018, the province budgeted \$16,197,800 for amortization of Health PEI's tangible capital assets.

Subsequent to the tabling of the 2017 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, 2018

18. Budgeted Figures (continued...)

	Original Approved <u>Budget</u> \$	Adjustments Between <u>Divisions</u> \$	Budget - Statement of <u>Operations</u> \$
Revenues			
Operating grants - Dept. of Health and Wellness	640,152,800	-	640,152,800
Fees - patient and client	21,776,800	(77,200)	21,854,000
Food services	1,141,400	-	1,141,400
Federal revenues	110,600	-	110,600
Sales	637,600	77,200	560,400
Other	<u>1,064,700</u>	-	<u>1,064,700</u>
Operational Revenues	<u>664,883,900</u>	-	<u>664,883,900</u>
Capital grants - Dept. of Health and Wellness	23,705,800	-	23,705,800
Other capital contributions	<u>3,000,000</u>	-	<u>3,000,000</u>
Capital Revenues	<u>26,705,800</u>	-	<u>26,705,800</u>
	<u>691,589,700</u>	-	<u>691,589,700</u>
Expenses			
Community Hospitals	24,044,400	(48,100)	24,092,500
Acute Care	174,845,400	240,800	174,604,600
Addiction Services	12,434,500	162,000	12,272,500
Acute Mental Health	19,762,600	263,600	19,499,000
Community Mental Health	12,846,800	(15,900)	12,862,700
Continuing Care	68,715,100	145,700	68,569,400
Private Nursing Home Subsidies	25,445,100	-	25,445,100
Public and Dental Health	11,436,900	(106,300)	11,543,200
Provincial Pharmacare Programs	36,957,400	(196,200)	37,153,600
Home Care and Support	18,659,100	(30,000)	18,689,100
Provincial Laboratory and Diagnostic Imaging	33,422,700	(90,800)	33,513,500
Provincial Hospital Pharmacies	6,276,900	157,800	6,119,100
Emergency Health Services	16,940,900	(738,500)	17,679,400
Corporate and Support Services	24,566,800	(203,000)	24,769,800
Medical Programs - In Province	114,341,200	(152,000)	114,493,200
Medical Programs - Out of Province	49,835,700	34,900	49,800,800
Primary Care	<u>14,352,400</u>	<u>576,000</u>	<u>13,776,400</u>
	<u>664,883,900</u>	-	<u>664,883,900</u>
Annual Surplus	<u>26,705,800</u>	-	<u>26,705,800</u>

HEALTH PEI

Notes to Financial Statements

March 31, 2018

19. 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>2018 Total</u>
	\$	\$	\$	\$	\$	\$	\$
Community Hospitals	18,736,440	3,798,844	517,746	377,664	301,318	494,951	24,226,963
Acute Care	128,103,582	36,920,970	2,821,718	3,348,976	3,068,823	1,511,987	175,776,056
Addiction Services	10,501,729	886,091	561,043	68,901	64,942	108,220	12,190,926
Acute Mental Health	17,322,024	1,538,468	196,049	78,896	485,588	210,622	19,832,547
Community Mental Health	10,517,378	112,276	860,581	17,378	494,495	31,625	12,033,733
Continuing Care	59,696,851	6,350,197	905,338	619,255	306,422	1,060,248	68,838,311
Private Nursing Home Subsidies	-	-	26,828,430	-	-	-	26,828,430
Public and Dental Health	9,336,136	371,298	282,247	47,480	717,843	29,071	10,784,075
Provincial Pharmacare Programs	1,271,151	128,737	34,061,980	9,116	1,626,042	-	37,097,026
Home Care and Support	15,883,635	543,788	1,035,471	123,886	628,517	32,892	18,248,189
Provincial Laboratory and Diagnostic Imaging	19,564,666	11,211,092	407,375	201,877	1,439,628	17,805	32,842,443
Provincial Hospital Pharmacies	6,116,020	106,818	54,064	7,817	-	26,769	6,311,488
Emergency Health Services	510,772	69,223	14,710,305	-	2,808,588	-	18,098,888
Corporate and Support Services	15,423,393	1,973,186	3,190,523	1,360,773	800,992	-	22,748,867
Medical Programs - In Province	112,751,646	118,249	4,552,862	11,976	7,061,969	-	124,496,802
Medical Programs - Out of Province	556,350	3,554	133,271	-	50,670,268	-	51,363,443
Primary Care	<u>12,422,521</u>	<u>555,535</u>	<u>612,963</u>	<u>95,217</u>	<u>93,146</u>	<u>86,420</u>	<u>13,865,802</u>
	<u>438,715,194</u>	<u>64,688,326</u>	<u>91,732,066</u>	<u>6,369,212</u>	<u>70,568,581</u>	<u>3,610,610</u>	<u>675,683,989</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.

Acknowledgements

Patient and Family Testimonials

Dawn, Jonny and Brielle Martin

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Murray MacPherson

Greg Gairns

Report Development

Development of this report was led by a multi-disciplinary team of Health PEI staff. Team members came from the Planning and Evaluation Unit, the Health Information Unit, Financial Services and Communications. Information was shared by staff from all Health PEI divisions.

We want to hear from you!

Your health care stories help Health PEI continue to deliver safe, high-quality health care. We are proud of the great work our staff and physicians do every day under challenging circumstances, and hearing your story is another opportunity to further improve the quality of services we deliver to Islanders and celebrate this hard work.

In order to continue to work in partnership with Islanders to support and promote health with patients, families and caregivers, we invite you to submit a story or testimonial to healthpei@gov.pe.ca

We look forward to hearing from you.



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