



Health PEI
BUSINESS PLAN
2020-2021

Health PEI

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Health PEI

2020-2021 Business Plan

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Chief Executive Officer Message



*Denise Lewis Fleming
Chief Executive Officer*

On behalf of Health PEI, I am pleased to present our 2020-2021 Business Plan. Our business plan provides an overview of initiatives we are undertaking in the 2020-2021 fiscal year to help us provide safe and high-quality patient care in a time of change, uncertainty and growth. Areas highlighted in this plan include primary care, home care, long-term care (LTC) and mental health and addictions.

The Health PEI business plan sets our course for the upcoming year and outlines investments and key initiatives to support our current strategic direction and response efforts for COVID-19. Due to current events, 2020-2021 will serve as a transition year supported by our business plan with the development of our next three-year strategic plan continuing this year.

In sharing this business plan, Health PEI reaffirms our commitment to work with Islanders and our health care partners in our “new normal” of providing health care on Prince Edward Island. We are committed to achieving better results and to providing high-quality health care across the province.

I look forward to working with our many staff, physicians, volunteers, patients, families and community partners over the upcoming year to advance health care in Prince Edward Island.

Respectfully submitted,

A handwritten signature in cursive script that reads "Denise Lewis Fleming". The ink is dark and the signature is fluid and legible.

DENISE LEWIS FLEMING
Chief Executive Officer

Vision, Mission and Values

Vision

Our vision statement guides current and future actions and practices of the organization. Health PEI recognizes its vision as a future state that the organization will continue to strive toward.

One Island health system supporting improved health for Islanders.

Mission

Our mission statement describes the purpose of Health PEI and reflects the broad functions of the organization as defined in the *Health Services Act*.¹

Working in partnership with Islanders to support and promote health through the delivery of safe and quality health care.

Values

Core values are integral to our activities and relationships as health care professionals and providers at Health PEI. Our current values are consistent with those found in our *2017-2020 Strategic Plan*² as well as Health PEI's Code of Conduct document entitled *How We Live Our Values*.³

Caring

We treat everyone with compassion, respect, fairness and dignity.

Integrity

We collaborate in an environment of trust, communicate with openness and honesty, and are accountable through responsible decision making.

Excellence

We pursue continuous quality improvement through innovation, integration and the adoption of evidence-based practices.

Current Strategic Direction



Supporting Our Strategy



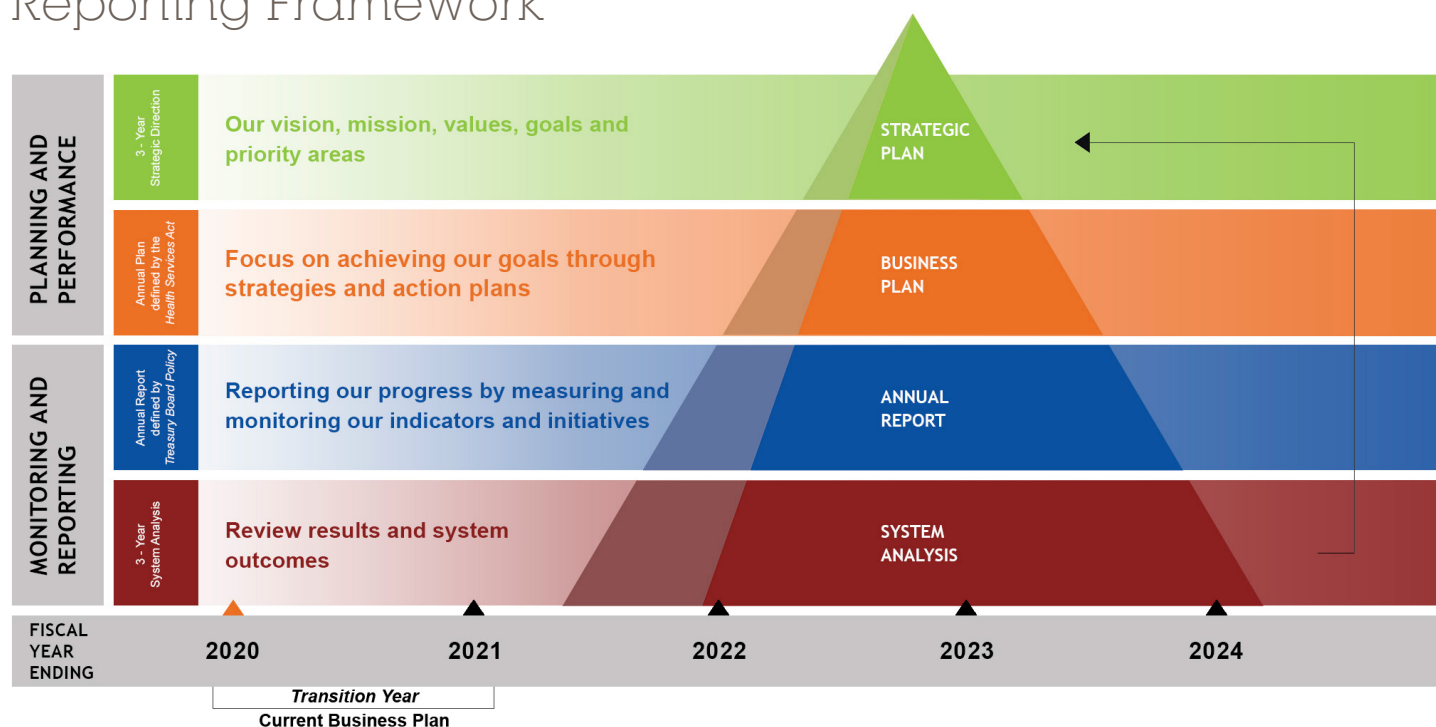
Introduction

Mandated by the *Health Services Act*, Health PEI's strategic plan lays the foundation for its performance and accountability framework by outlining the organization's direction, and by guiding both decision making and activities over a three-year period. This business plan outlines how resources allocated in Health PEI's current budget will support progress on priorities defined in the organization's strategic plan.

Throughout the prior year, Health PEI had facilitated numerous consultations with patients, staff, stakeholders and the public in order to identify emerging strategic priorities in the establishment of its 2020-2023 Strategic Plan which would ultimately serve as the framework for this 2020-2021 Business Plan. However, the completion of this work was delayed as the emergence of the COVID-19 pandemic required a collaborative shift in focus across the organization which is expected to continue throughout the year as response measures continue to evolve.

In the interim, the 2020-2021 fiscal year will serve as a transition year for Health PEI. The current strategic plan has been extended for an additional year and will continue to provide a framework of priorities that will guide the organization's decision making and activities. The 2020-2021 Business Plan highlights how Health PEI continues to support its existing priorities based on the 2017-2020 Strategic Plan and apply emerging innovative practices throughout the pandemic response.

Reporting Framework



The emerging priorities identified to date by our many stakeholders remain important to the future success of the organization and have also influenced Health PEI's current business plan. However, a transition year will allow for a continued focus on the pandemic response including the easing back of services that have been temporarily placed on hold. Further, it has provided an opportunity to assess the current situation resulting from the significant impact of COVID-19 and to implement key lessons learned. This work will better inform a renewed strategy following the pandemic.

Accountability Framework

Legislative Responsibilities

Health care in Prince Edward Island is the collective responsibility of the Department of Health and Wellness (the Department) and Health PEI. The Department provides leadership, funding, and strategic policy direction (the “what” and the “why”) to Health PEI, an arm’s length crown corporation responsible for the operation and delivery of publicly funded health care services (the “who” and the “how”) across Prince Edward Island.

The *Health Services Act* (the Act) establishes the roles and responsibilities of the Department and Health PEI.

Under the Act, the Department is responsible for:

- establishing goals and objectives for the provision of health services in Prince Edward Island;
- developing and implementing health care policies; and
- allocating resources for the provision of health services.

Under the Act, Health PEI is responsible for:

- assessing the health needs of Island residents;
- planning health services in alignment with the Department;
- delivering health services in alignment with the Department;
- evaluation of health service delivery; and
- Health PEI works closely with the Department to coordinate and align planning, funding and service delivery. The new investments and initiatives highlighted within this report reflect strategic actions intended to support improvement of shared priorities with the Department.

Leadership Accountability

Currently, the following processes are in place to monitor progress on the implementation of new investments intended to support the improvement of Health PEI’s strategic priorities: the development of the Health PEI annual report at the end of each fiscal year; review of the organization’s audited financial statements; and the submission of regular compliance reports to the Health PEI Executive Leadership Team (ELT), Health PEI Board of Directors and the Department.

Performance Monitoring

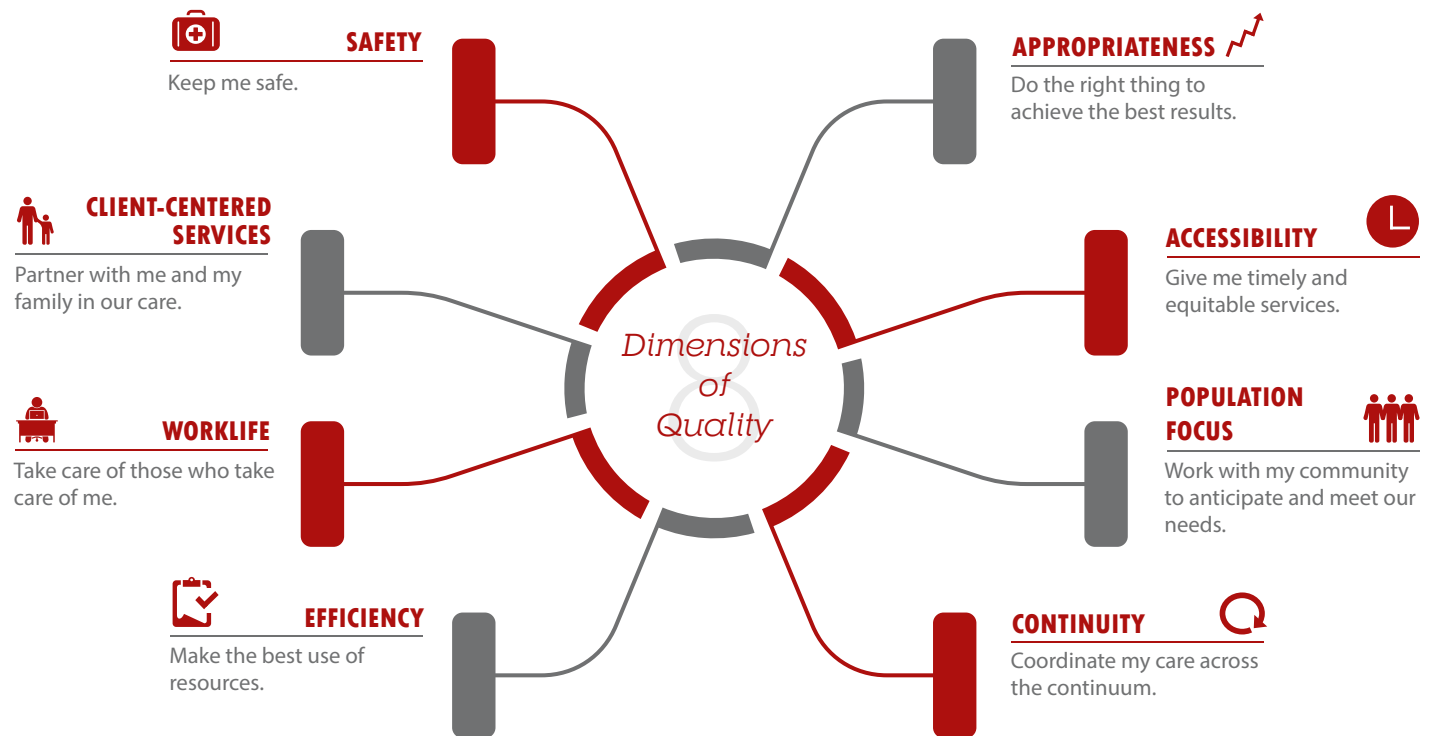
Members of Health PEI’s ELT are responsible for the investments described throughout this business plan. To maintain accountability, a detailed planning and monitoring process is used to provide regular project updates to leadership. The process guiding this work includes the submission of detailed project plans and regular status reports that outline deliverables, time-lines, expected outcomes, potential risks and issues associated with the successful implementation of each investment.

Upon the successful implementation of investments, performance indicators play an important role in ensuring the organization is making continued progress towards the achievement of its strategic goals. Indicators are defined and pre-approved during the project planning phase and consider factors such as: the alignment of expected outcomes with Health PEI’s strategic priorities and the availability of data. During this transition year, Health PEI will be reviewing these performance indicators to ensure they are in direct alignment with the priorities included within the upcoming strategic plan and supported by timely, reliable data. Performance indicators linked to the 2020-2021 Business Plan are provided on page 19.

Quality and Safety Framework

Health PEI's Integrated Quality and Patient Safety Framework includes the eight dimensions of quality defined by Accreditation Canada.^{4,5} These quality dimensions align with the goals and strategic priorities outlined in Health PEI's strategic plan. Throughout the business plan, the quality dimensions and symbols below are assigned to each strategic goal to demonstrate this alignment.

Integrated Quality and Safety FRAMEWORK



Health PEI COVID-19 Response

In support of Prince Edward Island's response to the COVID-19 pandemic, Health PEI was responsible for organizing, mobilizing and deploying health care resources which were quickly adapted in order to meet the province's changing health care needs and evolving infection control standards. At the same time, the organization was also responsible for reorganizing essential services in an effort to safely maintain the availability of non-COVID related health care for Islanders.

Over the course of the year, the COVID-19 pandemic will continue to have a significant influence on the delivery of health services within the province. Health PEI and its partners have collaborated to manage and maintain capacity of facilities to ensure that Health PEI has the staff and resources available to respond to the pandemic. Striking a balance between maintaining health care capacity and restarting services will require collaboration and consideration of safety and availability of resources. The primary focus of Health PEI's pandemic response efforts include the implementation of measures in the following areas:

Personal Protective Equipment (PPE): funding support to ensure access to PPE

- Ensure the availability of PPE to protect staff and patients.
- Develop a process to monitor supplies and mitigate issues.

Testing, Contact Tracing and Data Management: funding to support costs of scaling testing capacity

- Establishment of drive-through testing sites throughout the province.
- Purchase of specialized testing equipment to enable timely and local testing capacity.



Vulnerable Populations: funding to support gaps in care and provide supports to vulnerable groups

- Protect vulnerable populations by implementing protocols developed by the Chief Public Health Office in LTC facilities and by ensuring staff and patients/residents continue to use PPE appropriately.
- Support LTC and community care facilities through the establishment of the Mobile Rapid Response Outbreak Team (MRROT). The MRROT will support these homes in the event of a COVID-19 outbreak by supporting isolation efforts, contact tracing, rapid swabbing and infection control measures necessary.
- Implement, administer and monitor the delivery of the COVID-19 vaccine according to the Chief Public Health Office guidance on prioritization based on vaccine supply.
- Provide access to mental health and addictions services through continued support of initiatives developed in response to COVID-19 such as: Psychiatric Urgent Care Centres, Child and Youth Urgent Clinic, Mental Health Support Line, and identifying alternative locations for addictions clients.
- Support patients in and sustainability of private LTC and community care facilities with the provision of additional grant funding for basic health care and accommodation costs, additional staffing for dedicated dementia care and overall care, as well as supplies and elevated cleaning in response to COVID-19.
- The establishment of Cough and Fever Clinics to ensure we mitigate potential exposure to high-risk patients experiencing non-COVID related respiratory illnesses.

Health Care System Capacity and Restart: support for health care systems in COVID response

- Operationalize the Rosedale Care Site to care for LTC residents with COVID-19 in the event of an outbreak in LTC.
- Move to essential services by clinical services and programs across Health PEI to ensure the availability of staff and resources to support the COVID-19 response.
- Facilitate decanting of acute care beds by home-based services, community services and community hospitals to create bed capacity at designated COVID acute care sites for COVID-19 patients requiring hospitalization.
- Purchase of additional ventilators for the province in anticipation of the meeting demand for use with critically care COVID-19 patients.
- Temporary implementation of virtual care across clinical services and programs to ensure continuity of care in a safe and timely manner.
- Complete COVID-19 Surge Plan and Operations Response Plan to illustrate the coordination and integration of the COVID-19 response across services – hospitals, community (primary care, public health and community mental health), and home-based care (LTC and home care).
- Development and implementation of tools and processes to support patient flow and service reinstatement throughout the COVID-19 response: Inpatient Bed Demand Report, Emergency Department (ED) Admissions Report, Hospital Occupancy Tracking Report, COVID-19 positive patient pathway mapping, and training for pandemic bedboard tools.

Goal 1 - Quality and Safety

SAFETY



CLIENT-CENTERED SERVICES



WORKLIFE



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

STRATEGIC PRIORITIES

1. Improve patient and workplace safety and security with a special focus on Accreditation.
2. 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.
3. Increase engagement with patients, staff, members of the public and Island communities.

Key Actions to take place in 2020-2021 include:

Special Focus: Accreditation Survey Preparation for September 2021

- Complete the Accreditation Canada self-assessment survey related to: Infection Prevention and Control, Leadership, Medication Management and Point of Care Testing in September 2020. All frontline staff and all members of the Quality Improvement Teams (QITs) will be encouraged to complete the surveys by late fall 2020.
- Create an indicator dashboard using the R-Studio platform to standardize all quality improvement data into one location by late fall 2020.
- Identify gaps and opportunities in provincial policy development and coordination of QIT policy development efforts.
- Focus on system-wide preparation for the Accreditation Survey scheduled for the fall of 2021 and implement monthly communications that targets the following: 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 and mock tracers.

Patient and Workplace Safety and Security

Patient Safety and Quality Improvement

- Provide funding for clinical support through the hiring of a registered nurse (RN) and pharmacist for the implementation of intravenous pumps.
- Continue implementation of automated dispensing cabinets in LTC for patient medications to improve medication safety and security.
- Implement the Managing Obstetrical Risk Efficiently (MORE^{OB}) Provincial Program, a comprehensive patient safety, quality improvement and professional development program focusing on communications, team building and reducing adverse outcomes on Health PEI obstetrical units.
- To support accreditation preparation, implement key initiatives from the 2019-2021 *Patient Safety Culture Survey Action Plan* such as the TeamSTEPS Program, *Just Culture* education, and Leadership Recognition Awards to improve teamwork and communication skills among employees in order to prevent and mitigate harm for patients.
- Obtain staff feedback through focus groups across Health PEI to develop a thematic analysis of the culture of patient safety within Health PEI in the winter of 2021.
- Review the current Quality Improvement Activity (QIA) processes and policy to strengthen the QIA Program and ensure alignment with best practices related to minimizing harmful patient safety incidents as well as building continuous quality improvement. This work will build knowledge on current successes, improvement opportunities and practices in other jurisdictions.
- Coordinate the development of a new Provincial Falls Reduction Program and policy within Health PEI over the next year to support a safer work environment. Preliminary work includes a literature review and the identification of potential changes to the Clinical Information System (CIS) and workflows.
- Implement the new operational standards for Health PEI's Clinical and Organizational Ethics Committee by late fall 2020.
- Establish two new Quality Improvements Teams (QITs): Rehabilitation QIT and Processing QIT to improve alignment with operations / patient flow and connectivity between quality teams. New teams will be reviewed for effectiveness in December 2021.
- Coordinate and integrate the work among QITs to standardize processes while embracing new approaches to health care delivery with an emphasis on the continuity of patient care across the Health PEI system. New processes will be reviewed in December 2021 to allow time for implementation.
- Accreditation Canada Governance Standard Survey Tool completed by Board members. Presentation of results to the Board to take place in fall 2020.

Workplace Wellness and Safety

- Continue implementing the Canadian Foundation for Healthcare Improvement (CFHI) EXTRA Program Project - “Prevention and Reduction of Workplace Violence in Long-Term Care”:
 - Initial focus on developing a violence prevention and response model pilot at Beach Grove Home Meadow Unit with a goal of further future implementation at all LTC sites.
 - The 16-month improvement project is expected to equip employees and managers with appropriate processes and education/training, which will lead to fewer violence incidents in LTC. The project will contribute to improving staff safety and experience, as well as increase resident safety and quality of care. Preliminary steps include developing a problem statement, consulting literature, best practices and other jurisdictions, reviewing care plans and the physical environment at LTC sites.
- Implement Culture of Safety Initiatives through the introduction of a “Safety Talks” series which is a wellness or safety related educational resource that will be communicated to employees on a weekly basis starting in January 2021.

Patient- and Family-Centered Care

- Over the next year, the Patient- and Family-Centered Care Steering Committee and the Patient Advisory Council will focus on developing orientation materials for new employees that communicate and promote the importance of Patient and Family Centered Care as well as how it is provided at Health PEI.
- In collaboration with the Patient and Family Advisory Council, identify ways to recognize individuals and teams who provide exceptional care (e.g. recognition awards)
- Continue to engage with the Health PEI Patient and Family Partner group of volunteers to provide a patient-centered perspective on the health system.

Engagement

- Launch the *Patient Safety Survey Tool* on an annual basis to engage employee feedback on the culture of patient safety throughout the organization.
- Review results of and develop action plan for the Worklife Pulse Employee Satisfaction Survey which was open in June 2020.
- Ensure that exit surveys are conducted and engage with Health PEI Board of Directors to review exit results.
- Distribute Health and Safety (Workplace Violence) Survey for staff in late fall 2020 with results anticipated to be available by end of fiscal year 2020-2021.
- Engage physicians in quality improvement and patient safety by working collaboratively with the Medical Affairs division as well as medical directors, Local Medical Advisory Committees, and physician leaders on recruiting physicians to QITs.
- Conduct Virtual Town Halls for the Health PEI Leaders’ Community to provide an accessible forum for information sharing and an opportunity for over 150 leaders to raise issues or ask questions on the topics of discussion.

Goal 2 - Access and Coordination

ACCESSIBILITY



CONTINUITY



POPULATION FOCUS



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

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.

Key actions to take place in 2020-2021 include:

Rural Health Care

- Increase rural primary care staffing in positions for RNs, physiotherapy, respiratory therapy and social work to provide more timely and equitable access over the next year and improve care provided in rural communities:
 - West Prince
 - East Prince
 - Rural Queens
 - Kings
- Increase core nursing, personal care workers (PCW) and social work staff at Kings County Memorial Hospital (KCMH) to stabilize inpatient and hospital care services and improve outpatient care with the provision of ambulatory care services at the facility.
- Establish Structured Support Home and Adult Day Treatment Program at Hillsborough Hospital to provide community stabilization and care for patients with complex needs and to ease transitions from hospital to community.

Primary Care: Team-Based Collaborative Practices

- Work towards the adoption of a primary care model that includes the implementation of team-based collaborative practices that are patient-centered and technologically enabled leading to increased access to high-quality care. This approach can include physicians, nurses, other health and social care professionals, and administrative support staff.

Mental Health and Addictions

- Continue work on the new mental health and addictions campus beginning with the establishment of structured home support and adult day treatment programs for vulnerable, high risk and complex populations who do not require acute care hospitalization but require nursing, psychiatric and medication management.
- Establish three Mobile Mental Health Crisis Units to provide services in each county supported by a centralized Mobile Crisis Line. New staff to be hired for these units include Mobile Crisis RNs, social workers and a medical secretary. Collaborations are planned with Island Emergency Medical Services and local police.
- Increase the complement of psychiatry to assist in meeting the clinical demand for psychiatric services available in acute care and the community. Recruitment will continue throughout the year in collaboration between the psychiatry group and the Department's recruitment and retention team.
- Continued implementation of Phase 3 of the School Well-Being Program by placing teams in the Three Oaks, Kinkora and Charlottetown Rural families of schools. This program provides a collaborative and multi-disciplinary approach to mental health support for school-aged Islanders and their families. Staffing of positions is expected to be completed by February 2021.

Home Care

- Implementation of the multi-year Home Care Transformation Project focused on enhancing client care and outcomes through changes to assessment methodology, care planning, case management and service delivery. This initiative will streamline services and communication, improving home care's ability to provide safe, high-quality care to clients in their homes. The Inter-RAI home care scheduling and assessment tool is a new system that will support these changes and enhancements.
- Increase access to evening home care support in the eastern and western parts of the province with the addition of 4.2 RNs.
- Improve access to care for frail seniors with complex needs and their caregivers by developing a senior's companion program to extend home support with the addition of 6.2 home support workers in late 2020 and providing seniors with the opportunity to remain at home in communities, when appropriate.
- Provide funding to support home care clients' access to the supplies they need by covering the cost of nursing supplies. Stage one of this initiative includes a review of the provincial formulary, the development of program guidelines, and the hiring of a clinical educator and clerical support.

Long-Term Care

- Continued expansion of provincial LTC capacity throughout the province by increasing the number of regular beds in private nursing homes to enhance patient flow as well as access to care in the most appropriate setting. In the upcoming fiscal year, Health PEI will work with private operators to finalize the implementation of its previous commitment of 100 new beds and further increase the compliment with the addition of 12 beds in West Prince.
- Enhance LTC services in Prince Edward Island by increasing occupational therapy and recreational therapy support in public LTC facilities and by implementing an electronic staff scheduling system.
- Reduce travel barriers for LTC residents by expanding the application of the *Long-Term Care Transportation Policy* to include all subsidized residents. This will support LTC residents' medical travel and will improve equity between urban and rural residents.

Improved Access to Specialist Services

- Continued improvement of orthopedic surgical wait times with additional operating room time and professional staff to support Islanders undergoing joint surgeries and fracture repairs.
- Stabilize services, improve timely access and meet growing demands by adding new specialty physician positions over the next year such as: one nephrologist, one urologist, one rheumatologist, one cardiologist and one hematologist / critical care specialist.
- Addition of occupational therapists at Queen Elizabeth Hospital (QEH) and Prince County Hospital (PCH) to support the rehabilitation of patients undergoing complex medical and surgical interventions.

Chronic Disease

- Improve access to supplies for Islanders living with diabetes by increasing the blood glucose test strips coverage of 100 strips to 120 strips per month provided by the Provincial Pharmacare Program.
- Increase access to financial assistance for lower income families by extending benefits coverage until the age of 25 for the Insulin Pump Program (IPP).

Community Supports

- Support a multi-year, multi-phased approach to Midwifery in partnership with the Department to demonstrate the use of midwives in acute care and in the community.
- Expand dental health care benefits by focusing on the provision of care to both seniors and low income Islanders. Preliminary phase of this initiative will be to conduct planning to identify the appropriate delivery model for the program.
- Addition of new drugs to the High Cost and Catastrophic Drug Programs for Islanders in need of support for the treatment of cancer: bosutinib, ponatinib, ruxolitinib, vismodegib, ibrutinib (criteria change), durvalumab, carfilzomib, combination therapy with ipilimumab and nivolumab for metastatic melanoma and metastatic renal cell carcinoma, brentuximab, midostaurin, osimertinib and fulvestrant.

Goal 3 - Innovation and Efficiency

EFFICIENCY



CONTINUITY



APPROPRIATENESS



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

STRATEGIC PRIORITIES

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

Key actions to take place in 2020-2021 include:

Patient Flow

- Develop the next three-year strategy for patient flow in alignment with the upcoming Health PEI Strategic Plan.
- Conduct tabletop exercises at the QEH and PCH with hospital administrators and medical leaders to develop and execute focused outcomes for hospital flow and bed utilization. These exercises will be data led, and include attention to EDs, ED to inpatient flow, and hospital discharge depending on the barriers or gaps experienced at each facility. Hospital teams will continue to meet on a monthly basis to review progress with regular status reporting to ELT.

Innovative Practices

- Continue implementation of virtual care innovations, some of which arose in response to inperson service limitations during the COVID-19 pandemic including:
 - Tele-rounding at Western Hospital.
 - ED decanting at Western Hospital.
 - Virtual care in mental health and addictions, community health (including primary care, home care and public health) and acute care.
 - Provision of care to unaffiliated patients through virtual care to support patients requiring access to a primary care provider.

- Complete expansion of the Mobile Integrated Health (MIH) programs within Health PEI. This will build on successes and will address the growing volume of clients in the Senior Check-In Program where paramedics have regular check-ins with seniors who may require additional health supports. Investments will be made to fund additional hours to seven days a week in Kings County and Prince County. This investment will increase equity across the health care continuum and increase the opportunity for clients to receive care at home when most appropriate.

System Supports

- Reduce organizational human resource (HR) pressures by adding the following positions to ensure the effective and efficient delivery of HR services across the organization:
 - 1.0 HR Analyst
 - 2.0 HR Coordinators
 - 1.0 HR Manager
- Create additional National Ambulatory Care Reporting System (NACRS) positions to complete data coding for the QEH ED. NACRS ED data provides critical information on patient visits and is linked to the FirstNet CIS.
- Support rapidly expanding telemedicine services across Health PEI by developing a permanent telemedicine provincial coordinator position.

Budget and Resource Summary

HEALTH PEI

	2020-21 Budget \$	2019-20 Forecast \$	2019-20 Budget \$
EXPENDITURE*			
CORPORATE SERVICES.....	18,182,600	16,505,900	17,887,100
MEDICAL AFFAIRS.....	191,247,200	186,800,100	186,431,000
PROVINCIAL SERVICES, LTC AND HOSPITAL SERVICES EAST.....	304,431,100	293,594,900	289,668,200
FAMILY, COMMUNITY MEDICINE AND HOSPITAL SERVICES WEST...	129,277,500	120,184,000	122,004,500
MENTAL HEALTH AND ADDICTIONS.....	53,464,900	50,494,300	51,087,400
HUMAN RESOURCES AND PHARMACARE.....	46,767,700	44,488,800	44,477,900
PROFESSIONAL PRACTICE, QUALITY AND PATIENT EXPERIENCE AND CHIEF NURSING OFFICE.....	2,700,200	2,095,900	2,636,900
COVID-19 RESPONSE AND RECOVERY CONTINGENCY.....	15,000,000	-	-
GROSS EXPENDITURE.....	761,071,200	714,163,900	714,193,000
HEALTH PEI TOTAL REVENUE.....	27,792,800	34,595,000	29,409,500
NET HEALTH PEI EXPENDITURE.....	733,278,400	679,568,900	684,783,500
CAPITAL PROJECT CONTRIBUTIONS - External Organizations	6,058,200	5,501,500	4,879,200
CAPITAL PLAN**			
CAPITAL IMPROVEMENTS AND REPAIRS	7,369,300	11,235,200	5,414,700
CAPITAL EQUIPMENT	9,020,600	15,449,100	15,256,000
TOTAL CAPITAL EXPENDITURES	16,389,900	26,684,300	20,670,700
FULL-TIME PERMANENT EQUIVALENTS (DIRECT FTES)	2020-21	2019-20	2018-19
CORPORATE SERVICES	135.85	135.85	150.25
MEDICAL AFFAIRS	157.75	153.51	147.48
PROVINCIAL SERVICES, LTC AND HOSPITAL SERVICES EAST	2,316.12	2,287.79	2,262.31
FAMILY, COMMUNITY MEDICINE AND HOSPITAL SERVICES WEST	1,064.32	1,037.10	1,005.25
MENTAL HEALTH AND ADDICTIONS	474.51	462.56	434.41
HUMAN RESOURCES AND PHARMACARE	54.00	51.00	39.00
PROFESSIONAL PRACTICE, QUALITY AND PATIENT EXPERIENCE	21.50	20.50	18.70
TOTAL FTES	4,224.05	4,148.31	4,057.40

*PEI Estimates of Revenue and Expenditures 2020/21

**2020-21 Capital Budget and Five-Year Capital Plan: Capital Investments ensure the province's health infrastructure is maintained and modified or expanded to meet health service needs of changing demographics. The health sector invests in health facilities, such as hospitals (e.g., KCMH building system upgrades and lab improvements, PCH Pediatric Unit Mental Health Renovations and Mental Health facilities such as the Mental Health Structured Housing), manors, clinics and collaborative care facilities (Queens Collaborative Care Space). Capital investments are also made in technology and medical equipment including the replacement of the Radiology Information System, implementation of the Inter-RAI Assessment System (Home Care), and Provincial Renal Hemodialysis machine replacement. Five-year capital plans are prepared annually to ensure that the significant costs associated with capital investments are strategic, cost effective and align with other health sector planning.

Full-time equivalency information for 2020-21 was derived from Health PEI salary budget documents. Permanent FTEs, including permanent vacancies are included.

Appendices

Appendix A: Performance Indicators

Appendix B: Organizational Structure

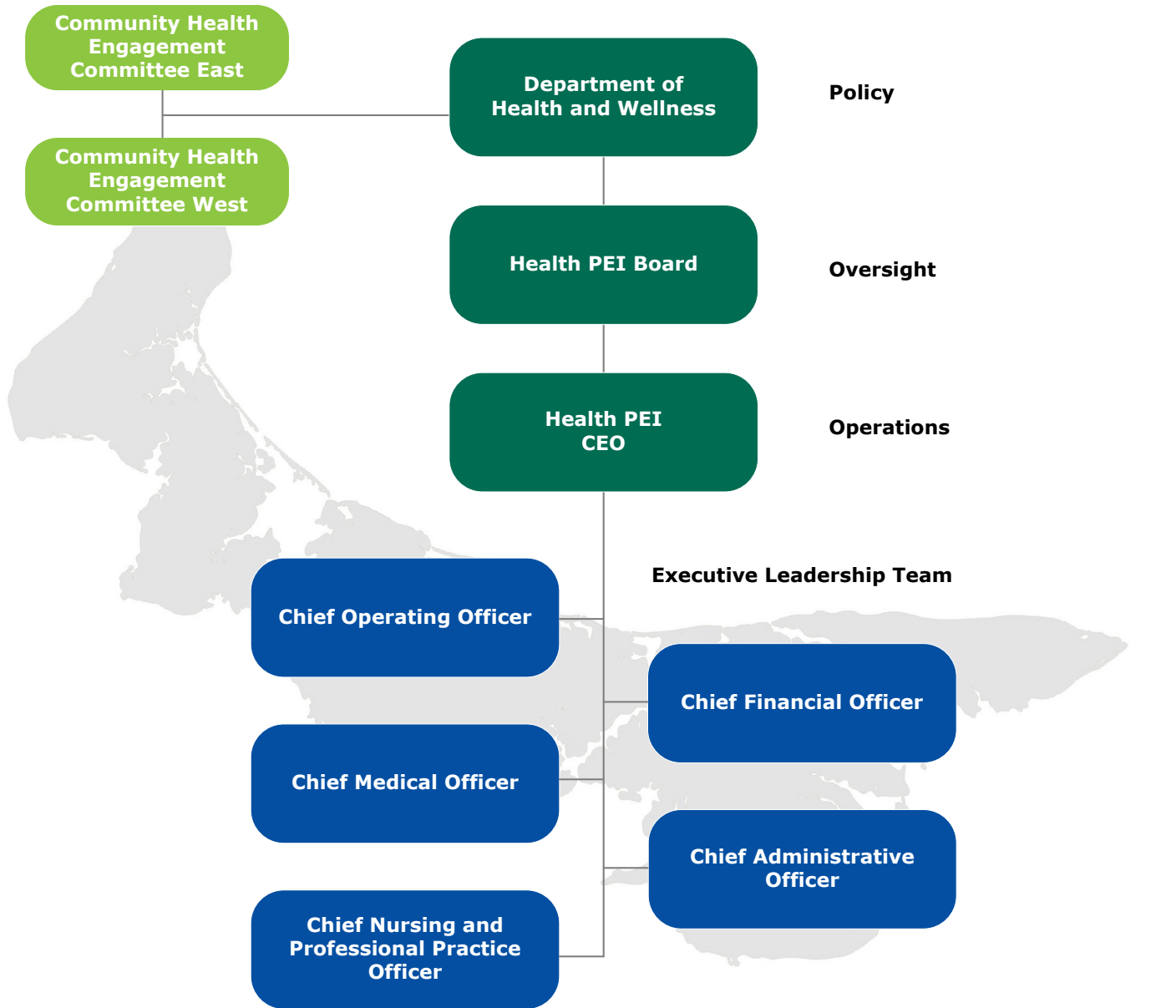


Performance Indicators

Health PEI Scorecard 2020-21

Priority	Indicator	Target	2019-20
Goal 1: Quality and Safety			
Improve patient and workplace safety and security	Adverse events incident rate for acute care patients and LTC residents - Levels 4 & 5 (rate per 1000 patient/resident days)	0.13	0.20
Embed patient- and family-centered care in decision making	Percentage of Health PEI committees with patients and/or families representative(s)	100%	84%
Engage with patients, staff and members of the public and communities	Total number of engagement sessions and community conversations related to health	10% increase from 2019-20 (550)	550
Goal 2: Access and Coordination			
Improve access to primary care services	General practitioners and nurse practitioners employed in primary care per 100,000 population	74.6	78.2
Improve access to mental health and addiction services	Median wait time for psychiatry service for clients triaged as urgent (in days)	24.6	57.5
Improve access to community based specialized care programs for chronic and complex clients	Ambulatory care sensitive conditions (rate per 100,000 population younger than age 74)	420	409
Enhance home care services	Average Length of Stay (ALOS) in the Frail Senior Program for discharged clients (in years)	0.84	0.90
Goal 3: Innovation and Efficiency			
Improve patient flow	Length of Stay (LOS) variance: Acute LOS minus Expected LOS (ELOS) (in days)	1.67	2.23
Reduce ED wait times	ED wait time for physician initial assessment (TPIA) - 90th percentile (in hours)	3.5	5.07
Increase the use of innovative practices	Total number of real-time clinical sessions delivered via telemedicine		1,245
Strategic Enablers			
People	Sick days per budgeted FTE	10.52	5.41
Finance	% of variance from budget	+/-0.5%	0.45%
Innovative and efficient technology	% of inpatient encounters with PowerPlan (Electronic Order Set) ordered	100%	97.9
Collaboration and engagement	Number of collaborative appointments in primary care	1,400	1,264
Communication and information sharing	Total number of Health PEI content pages, publications, news and events on the Government of PEI website (www.princeedwardisland.ca)	10% increase from 2019-20 (1,053)	1,053

Organizational Structure



As of January 22, 2021

Reference List

- 1 *Health Services Act*, R.S.P.E.I. 1988, Cap. H-1.6.
- 2 Health PEI Strategic Plan 2017-2020
- 3 Health PEI's Code of Conduct, *How We Live Our Values*
- 4 Health PEI's Integrated Quality and Patient Safety Framework, 2017.
- 5 Accreditation Canada Quality Standards

Acronyms

ACRONYM	DEFINITION
ALOS	Average Length of Stay
CFHI	Canadian Foundation for Healthcare Improvement
CIS	Clinical Information System
COVID-19	Coronavirus Disease of 2019
ED	Emergency Department
ELOS	Expected Length of Stay
ELT	Executive Leadership Team
FTE	Full-time Equivalent
HR	Human Resources
IPP	Insulin Pump Program
KCMH	Kings County Memorial Hospital
LOS	Length of Stay
LTC	Long-Term Care
MIH	Mobile Integrated Health
MORE ^{OB}	Managing Obstetrical Risk Efficiently
MRROT	Mobile Rapid Response Outbreak Team
NACRS	National Ambulatory Care Reporting System
PCH	Prince County Hospital
PCW	Personal Care Worker
PPE	Personal Protective Equipment
QEH	Queen Elizabeth Hospital
QIA	Quality Improvement Activity
QIT	Quality Improvement Teams
RN	Registered Nurse
ROP	Required Organizational Practices
TeamSTEPPS	Team Strategies and Tools to Enhance Performance and Patient Safety
TPIA	ED Wait Time for Physician Initial Assessment

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