2019-2020

BUSINESS PLAN

April 1, 2019 – March 31, 2020

One Island health system supporting improved health for Islanders

Health PEI
One Island Health System

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HEALTH PEI

Business Plan

2019-2020

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Message from the Chief Executive Officer

Denise Lewis Fleming
Chief Executive Officer

In the third and final year of Health PEI's current strategic plan, I am pleased to present our 2019-2020 Business Plan. Key areas of investment include primary care, long-term care, hospitals, and mental health and addictions and reflect the areas on which Health PEI will focus our efforts over the coming year. These investments will move the organization forward by increasing access to health care and by supporting progress towards achieving our strategic goals:

- *Quality and Safety*
- *Access and Coordination*
- *Innovation and Efficiency*

Through this business plan, Health PEI reaffirms our commitment to work with Islanders, and our health care partners, to realize our vision: *One Island health system supporting improved health for Islanders*. We are committed to achieving better results and to obtaining better health across the province. To do so, we will focus our decisions and our actions accordingly.

I look forward to advancing this work alongside our various stakeholders to provide Islanders with the right care, in the right place, by the right provider.

Respectfully submitted,

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.*

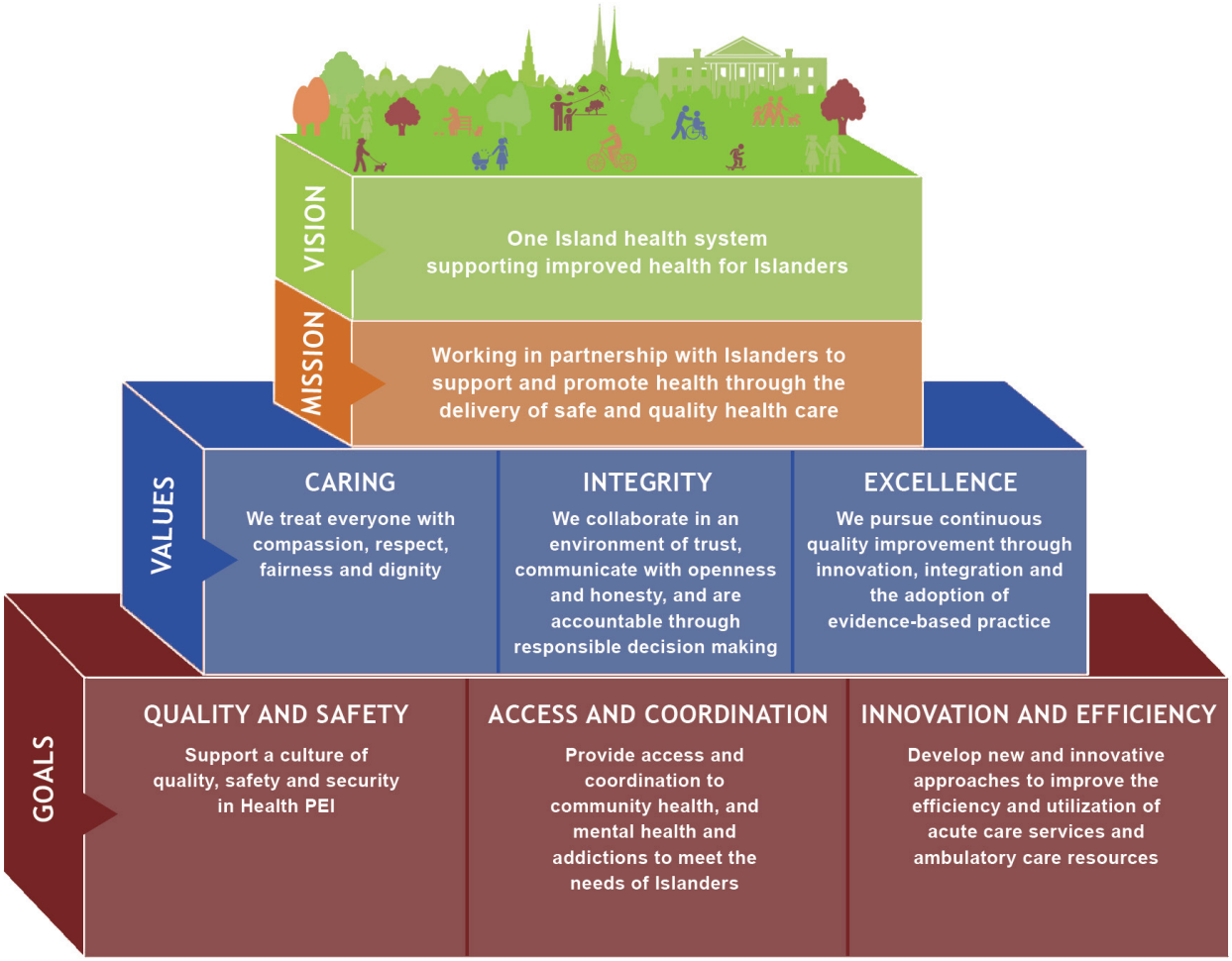
Values

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.*

2017-2020

Strategic Direction



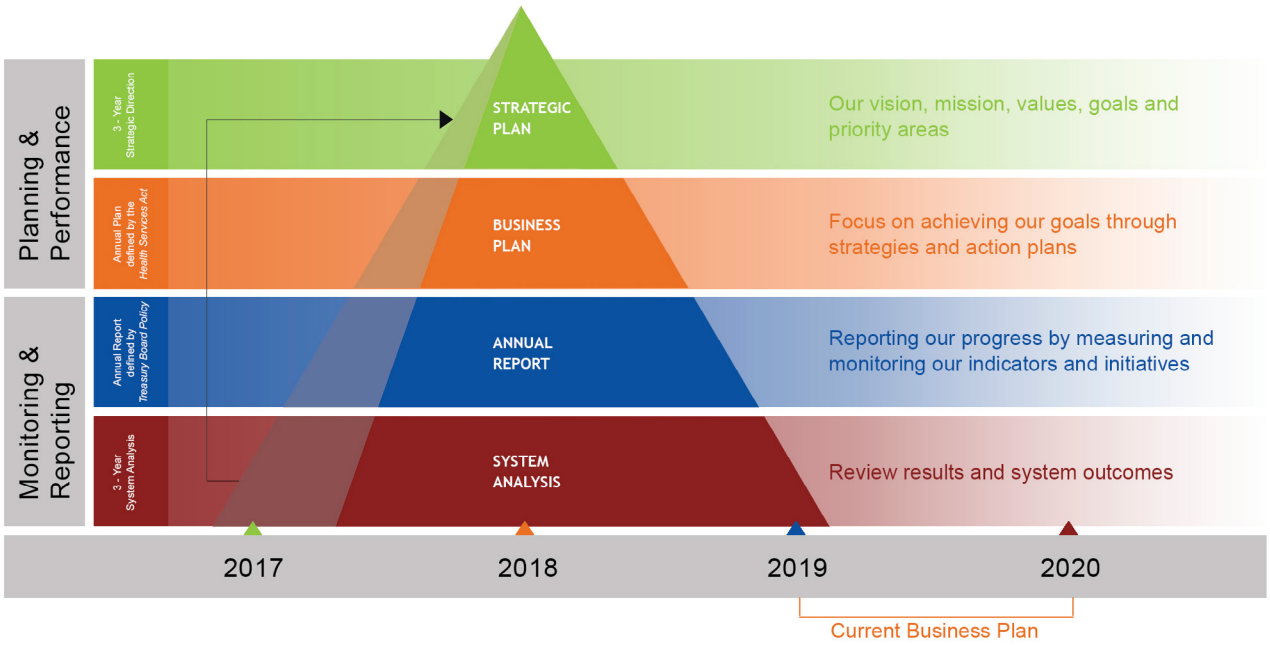
Supporting Our Strategy

Introduction

Health PEI's Strategic Plan outlines the organization's direction and guides both decision making and activities from 2017 through 2020. Mandated by the *Health Services Act*, the strategic plan provides a basis for public reporting on system performance. Health PEI's performance and accountability framework fulfills this mandate with the release of its annual business plan.[1, 2] The 2019-2020 Business Plan outlines where the organization will focus its activities by communicating how the resources allocated in Health PEI's Budget Plan will support progress towards achieving the priorities defined in the strategic plan.

The implementation of this business plan is supported by initiatives that exist throughout the organization. Health PEI must uphold daily operations and current service requirements while implementing the final year (2019-20) of the 2017-2020 Strategic Plan which responds to the health care needs of Islanders. To achieve this end, the organization must build on its current successes and efficiently manage resources in order to maximize the benefit of the year's investments.

Reporting Framework



Accountability Framework

Leadership Accountability

The current processes in place to monitor progress on the implementation of the strategic plan include 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 Board of Directors and the Department of Health and Wellness.

Executive leaders at Health PEI are responsible for various initiatives included in this business plan. To maintain accountability, and to ensure sound practice is employed, a detailed planning and monitoring process is used to provide regular updates to executive leadership, the Board of Directors and the Department of Health and Wellness on progress and challenges. This process adopts project plans and status reports to detail the deliverables, timelines, performance indicators, risks and issues associated with activities in each area of investment.

Performance Monitoring

Performance indicators monitor the implementation of key activities in areas of investment to determine what progress has been made towards the achievement of strategic goals. These indicators are reviewed and agreed upon by Health PEI's leaders and play an important role in determining the services and programs in which progress has been made, while also identifying where adjustment or additional attention is required. The Health PEI Board of Directors receives quarterly updates on performance indicators as well as mitigation plans so as to address challenges accordingly. Refer to *Appendix A* for performance indicator details.

The indicators monitored reflect the wide scope of health system performance and the health care services provided at Health PEI. To ensure the organization achieves its strategic goals, it is integral that performance indicators and related operational indicators are monitored regularly. Indicators associated with each investment support monitoring at the operational level. Where appropriate, these indicators enable Health PEI to compare its performance with national and regional practices and further allows the organization to monitor its performance in a particular area over time.

Integrated 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.

DIMENSION	DESCRIPTION
Safety	Keep me safe
Client-Centered Services	Partner with me and my family in our care
Worklife	Take care of those who take care of me
Efficiency	Make the best use of resources
Appropriateness	Do the right thing to achieve the best results
Accessibility	Give me timely and equitable services
Population Focus	Work with my community to anticipate and meet our needs
Continuity	Coordinate my care across the continuum

Source: Accreditation Canada

Planning for 2019-2020

Goals and Strategic Priorities

The business plan provides a roadmap for Health PEI to achieve the strategic goals and priorities outlined in the *Health PEI 2017-2020 Strategic Plan*. The key actions laid out in this plan support each goal area and have been identified through the Health PEI budget; reviews of system performance; discussions between Health PEI leaders, staff and government representatives; and, analysis of feedback received from the public and our community partners. The implementation of key actions within each goal is expected to advance the achievement of strategic goals and to improve system performance.

Goal 1 – *Quality and Safety*

Linkage to Quality and Safety Framework


Safety


Client-Centered Services


Continuity


Appropriateness

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

STRATEGIC PRIORITIES

1. Improve patient and workplace safety and security.
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 2019-2020 INCLUDE:

PATIENT SAFETY

- Install automated dispensing cabinets (ADC) for patient medications to improve medication safety and security in Health PEI acute care facilities.
- Implement a closed Intensive Care Unit (ICU) at the Queen Elizabeth Hospital (QEH) to improve patient experience, continuity and quality of care for critically ill patients, and ICU and hospital Length of Stay (LOS).
- Develop a dedicated Intensive Psychiatric Care Unit at Hillsborough Hospital to reduce reliance on out-of-province services and to ensure safe, appropriate care is provided to forensic patients. This unit will address intensive psychiatric needs of the 1) forensic population, 2) mentally ill offenders, and 3) high risk patients.
- Work with specially trained staff to implement Team STEPPS Canada as a part of the Patient Safety Culture Action Plan to prevent and mitigate patient harm at Health PEI by improving teamwork and communication skills among staff. Team STEPPS Canada is an evidence-based set of teamwork tools aimed to optimize patient outcomes by improving communication and teamwork skills among health care providers.
- Implement a Quality Improvement Activity (QIA) work plan to support the timely completion of the QIA process.
- Continue to strengthen physician involvement in quality improvement and patient safety by engaging the Medical Advisory Committees, Medical Directors and physician leaders.

- Develop an additional Provincial Safety Management System (PSMS) form and relevant processes to facilitate hospital reporting of Serious Adverse Drug Reactions (SADRs) and Medical Device Incidents (MDIs) as required by Health Canada.
- Implement the Patient Safety Culture Survey as part of the four-year accreditation cycle and implement a new Patient Safety Action Plan from the survey results.
- Perform chart audits in collaboration with the Canadian Patient Safety Institute to validate the hospital harm indicator and identify quality improvement opportunities.
- Continue to standardize nursing practice through policy, education and documentation.

WORKPLACE SAFETY, SECURITY AND WELLNESS

- Collaborate with unions to complete a pilot project in Long-Term Care (LTC) to address workplace safety concerns raised in Health PEI's *2018 Health and Safety Survey* and in the Union of Public Sector Employee's May *2019 Violence in the Workplace Survey*. An application to the Canadian Foundation for Healthcare Improvement (CFHI) EXTRA Program will be considered in November 2019 for this pilot project.
- Develop a Work Disability Prevention and Return to Work Program to reduce absences and retain employees in the workforce. This will include the development of policies and procedures; an updated functional job demands analysis; and enhanced training for managers/supervisors, occupational health and safety officers and human resources staff.
- Conduct further work to achieve the principles outlined in the National Standard for Psychological Health and Safety in the Workplace to help employees remain physically and psychologically safe in providing health care.
- Implement a Respectful Workplace Policy to recognize that all employees are entitled to a respectful work environment. A guidebook will accompany the policy and will serve as a guide for resolving workplace conflict.
- Implement specialized Musculoskeletal Injury Prevention (MSIP) training for Resident Care Worker (RCW) staff and new RCW hires.
- Advance development of the MSIP Program to decrease the risk of employee workplace injury with a focus on positions that yield the highest Workers Compensation Board (WCB) claims.
- Provide stabilization of bariatric care services by adding supplemental staffing measures in LTC to meet care standards and decrease the risk for staff members.
- Provide additional support to LTC staff through the addition of a MSIP and employee health coordinator to support focus on injury/illness prevention and return to work support.
- Finalize implementation of the Hillsborough Hospital Security and Safety Review.

PATIENT- AND FAMILY-CENTERED CARE

- Recruit a full complement of members, including physicians, for the newly established Health PEI Patient and Family Advisory Council. This council will provide advice and guidance across Health PEI in order to improve patient- and family-centered care and patient experiences.
- Continue recruitment, orientation and support of Patient and Family Advisors for Health PEI committees and Quality Improvement Teams. Support includes tours of Health PEI facilities, social networking opportunities and orientation/refresher sessions for advisors.
- Complete planning for the implementation of a comprehensive, system-wide strategy to strengthen the patient experience and build the culture of patient- and family-centered care. Implementation will be supported through education sessions communicating the Patient and Family Centered Care Toolkit.
- Support and promote the Atlantic Learning Exchange, Patient- and Family-Centered Care: *Making it Real, Making it Work, Making it Happen*. This event, hosted by Horizon Health in Moncton, includes a virtual attendance opportunity.
- Establish the Provincial Rehabilitation Program Planning Committee to develop a provincial rehabilitation model that includes the identification of services, points of access to service for clients in community and acute care, development of a business proposal that supports the model as well as an implementation plan.

SYSTEM PLANNING

- Continue to engage internal and external stakeholders in program and service planning through a combination of in-person and on-line activities.

Quality and Safety Performance Measures

Strategic Performance Indicator	Fiscal Year 2018-19	Target 2019-20	Benchmark
Adverse Events Incident Rate for Acute Care Patients and Long-term Care Residents – Levels 4 & 5 (rate per 1000 patient/resident days)	0.19	0.13	0
Percentage of Health PEI Committees with Patients and/or Families Representative(s)	81.3%	100%	100%
Total Number of Engagement Sessions and Community Conversations Related to Health	190	10% increase	-

** For detailed Health PEI Scorecard, refer to Appendix A (Page 19).*

Goal 2 – *Access and Coordination*

Linkage to Quality and Safety Framework

Accessibility

Continuity

Population Focus

Provide improved access to community-based health, and 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 2019-2020 INCLUDE:

NURSE PRACTITIONERS

- Addition of Nurse Practitioners (NP) across the province to improve access to and stability of primary care. This will further enhance the utilization of a team-based collaborative approach between health professionals. NPs will be recruited to work in primary care, LTC and community care.

MENTAL HEALTH AND ADDICTIONS

- Continue Phase II and Phase III implementation of master planning for mental health and addictions services with professional and community stakeholders.
- Initiate Phase III of the Student Well-being Support Program to provide services to school-aged Islanders and their families needing mental health support using a collaborative and a multi-disciplinary team approach.
- Renew and continue support for the Methadone Clinic to provide care, stability and harm reduction for clients undergoing methadone treatment.
- 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.

- Employ specialized clinical mental health staff at Prince County Hospital (PCH) to meet the increasing emergency and acute care mental health needs of clients in the region. These additional resources will improve health care and access to services for Islanders.
- Establish a Provincial Mobile Mental Health Crisis Program to provide individuals with 24/7 access to mental health assessment, stabilization, interventions and connections to appropriate ongoing care in crisis situations across the province. This will be a partnership with Island EMS and local police.
- Establish transitional, respite and long-term housing as well as case management services in partnership with the Canadian Mental Health Association to help clients with mental health and addictions issues transition to independent living.

NEW COMMUNITY SUPPORTS

- Partner with Island EMS to implement Mobile Integrated Health (MIH) as a new health care delivery model under the Provincial Home Care Program. MIH is an innovative program in which community paramedics provide non-emergent care at home based on an individualized plan of care developed and coordinated by a Registered Nurse (RN). The goal of the program will be to ensure the continuity of client care through integrated pathways created between home, primary and acute care settings. Planning and implementation is underway for three focused MIH initiatives to enhance access for clients to health care without duplicating services:
    - *Seniors Check In* – This program aims to provide support for seniors living at home, who are at increased risk for poor health outcomes;
    - *Rapid Bridging* – Integrated Palliative Care Program: Supports discharge from acute care of patients registered with the Provincial Integrated Palliative Care Program; and
    - *Rapid Bridging* – Hospital and Emergency Department (ED) Patients: Will support discharge from hospital with an individualized care plan, developed in collaboration with the care team.
- Based on Government decisions and new investments, expand the Drug Formulary to improve drug access for Islanders in need of support for treatment of various conditions including: Chronic Obstructive Pulmonary Disease (COPD), diabetes, lung cancer and heart failure.
- Provide additional hours of service by home care staff for frail seniors and clients of the Caring for Older Adults in the Community and at Home (COACH) Program. This will increase capacity to support more frail seniors who are living at home and help clients to return home from hospital sooner and to stay home longer.
- Advance the Early Integration of Palliative Care Project across the province for cancer patients as well as those undergoing a life-limiting disease by working toward a coordinated, evidence-informed and sustainable integrated palliative approach to care. Early stages of this work include building health care provider competency in palliative care through engagement and education.

- Provide training on transgender health to PEI health care providers to strengthen the support and care they provide to Islanders seeking gender-confirming surgery through the province's Medicare Program.
- Support implementation of midwifery services on PEI and collaborate with the Department of Health and Wellness as well as other key stakeholders to identify: changes in legislation and regulations required; the appropriate model of care; and program implementation plan.

Quality and Access Performance Measures

Strategic Performance Indicator	Fiscal Year 2018-19	Target 2019-20	Benchmark
General Practitioners and Nurse Practitioners Employed in Primary Care per 100,000 Population	66.1	74.6	74.6
Median Wait Time for Psychiatry Service for Clients Triaged as Urgent (in days)	To be confirmed	To be confirmed	14 days[6]
Ambulatory Care Sensitive Conditions (rate per 100,000 population younger than age 75)	434	420	326
Average Length of Stay in the Frail Senior Program for Discharged Clients (in years)	0.84	0.84	-

** For detailed Health PEI Scorecard, refer to Appendix A (Page 19).*

Goal 3 – *Innovation and Efficiency*

Linkage to Quality and Safety Framework

Efficiency

Appropriateness

Accessibility

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 2019-2020 INCLUDE:

PATIENT FLOW

- Host a Patient Flow Forum in the fall/winter of 2019-20 to share accomplishments from the 2017-2020 Strategy and to gather/generate priorities for the new strategy (2020-23).
- Implement patient flow initiatives to improve discharge planning at the QEH and the PCH (projects are now at all hospitals). Discharge planning includes identifying and communicating the expected date and time of discharge and improving other processes that relate to discharge.
- Develop and implement new discharge planning tools (communication materials for staff and public including posters, videos and brochures).
- Implement the revised *Discharge Policy* and *Repatriation and Transfer Policy* to guide and improve patient flow within and between Health PEI facilities as well as those out of province.
- Implement the use of the Bed Management Capacity Report to provide the accurate occupancy level of staffed beds for each hospital unit across Health PEI by calculating occupancy every five minutes.
- Streamline internal processes at QEH and PCH to decrease wait times for admitted patients in the ED.
- Implement a new Alternate Level of Care (ALC) order and supporting processes to streamline and improve documentation that identifies the care needs of patients.

LONG-TERM CARE (LTC)

- Expand provincial LTC capacity with an increase in the number of regular beds in private nursing homes to enhance patient flow as well as access to the appropriate care placement setting.

AMBULATORY CARE

- Continue to review the ambulatory care services to ensure that the care currently provided in this setting is accessible and appropriate.

INNOVATIVE PRACTICES AND TECHNOLOGIES

Practices

- Continue the implementation of the Suicide Risk Assessment Tool.
- Develop and implement a Transitions to Practice Mentorship Program for new graduate nurses.
- Establish a new recruitment program for new graduates and experienced RNs and NPs.
- Deliver a Nursing Leadership Education Program in the fall of 2019.
- Establish a nursing skills lab at Hillsborough Hospital to provide refresher training on health assessment skills and communication to RNs and LPNs at the hospital in response to the changing patient population demographics and medical acuity. The establishment of these learning labs for nursing staff are anticipated to promote a culture of lifelong learning and provide skills to adapt to a changing context.
- Support organizational accountability and program and service development and/or expansion. Enhance the existing processes for planning, monitoring and evaluation of new investments identified in the Management Plan for the Health PEI budget. These processes will be supported by evaluation criteria that will be used on an annual basis to review progress and outcomes of key Health PEI investments.

Technologies

- Continue with the tele-rounding model and platform to support access to physicians that provide inpatient care to unaffiliated patients at Western Hospital. This program is currently used as a bridging mechanism in the absence of on-site physician coverage for patients admitted to the hospital.
- Expand psychiatry access with tele-rounding to support inpatients and community patients and to provide forensic assessments.
- Identify changes or updates to the clinical information system used by Health PEI that will build efficiencies and optimize functionalities.

- Implement Canadian Health Outcomes for Better Information and Care to integrate (C-HOBIC) and evaluate standardized, measurable patient outcomes into nursing documentation provincially. C-HOBIC introduces a systematic, structured language to patient assessment (functional ability, symptoms, safety outcomes, self-care and supports available at home) and documentation in acute care at admission and discharge.

- Begin the implementation of the evidence-based Inter-RAI Home Care Assessment System and enabling methodology. This methodology will improve the quality of care provided to home care clients by providing assessments that will accurately reflect their identified care needs including accurate and consistent assessments of care plans and services. Live, up-to-date information will be provided to health care professionals leading to improved communication during both care and transitions.

- Continue implementing the Electronic Synoptic Pathology Reporting Initiative (ESPRI) in partnership with the Canadian Partnership Against Cancer to embed evidence derived from the collection of standardized pathology data at the point of care. The ultimate goal of this project is to improve the quality of cancer diagnosis, staging and treatment with a focus on breast, colorectal, prostate and endometrial cancers.

Innovation and Efficiency Performance Measures

Strategic Performance Indicator	Fiscal Year 2018-19	Target 2019-20	Benchmark
Length of Stay (LOS) Variance: Acute LOS minus Expected LOS (ELOS) (in days)	2.24	1.67	<1[7]
Emergency Department Wait Time for Physician Initial Assessment (TPIA) - 90th Percentile (in hours)	4.83	3.50	3[8]
% of Consult-related Visits in Ambulatory Care Clinic(s) (potentially inappropriate services)	4.37	To be confirmed	0
Total Number of Real-time Clinical Sessions Delivered via Telemedicine	498	To be confirmed	-
Percent of Variance from Budget	0.9%	+/-0.5%	0%

** For detailed Health PEI Scorecard, refer to Appendix A (Page 19).*

Budget and Resource Summary

HEALTH PEI

	2019-2020 Budget	2018-2019 Forecast	2018-2019 Budget
	$	$	$
EXPENDITURE*			
CORPORATE SERVICES	18,129,500	16,050,200	17,165,200
MEDICAL AFFAIRS	187,433,800	183,562,400	180,692,500
PROVINCIAL SERVICES, LTC AND HOSPITAL SERVICES EAST	289,269,300	281,194,500	275,517,100
FAMILY, COMMUNITY MEDICINE AND HOSPITAL SERVICES WEST	121,843,300	115,228,700	114,872,800
MENTAL HEALTH AND ADDICTIONS	51,043,200	46,518,400	47,324,000
HUMAN RESOURCES AND PHARMACARE	44,841,500	43,168,700	40,677,000
PROFESSIONAL PRACTICE, QUALITY AND PATIENT EXPERIENCE	2,132,400	1,981,000	2,114,700
GROSS EXPENDITURE	**714,693,000**	**687,703,900**	**678,363,300**
HEALTH PEI TOTAL REVENUE	29,409,500	33,217,700	29,004,500
NET HEALTH PEI EXPENDITURE	**685,283,500**	**654,486,200**	**649,358,800**
CAPITAL PROJECT CONTRIBUTIONS - External Organizations	**4,879,200**	**4,759,500**	**5,336,500**
CAPITAL PLAN**			
CAPITAL IMPROVEMENTS AND REPAIRS	15,659,300	22,557,000	22,475,500
CAPITAL EQUIPMENT	15,256,000	15,866,800	15,983,700
TOTAL CAPITAL EXPENDITURES	**30,915,300**	**38,423,800**	**38,459,200**

FULL-TIME PERMANENT EQUIVALENTS (DIRECT FTES)	**2019-20**	**2018-19**	**2017-18**
CORPORATE SERVICES	135.85	150.25	150.05
MEDICAL AFFAIRS	153.51	147.48	138.16
PROVINCIAL SERVICES, LTC AND HOSPITAL SERVICES EAST	2,287.79	2,262.31	2,253.04
FAMILY, COMMUNITY MEDICINE AND HOSPITAL SERVICES WEST	1,037.10	1,005.25	964.22
MENTAL HEALTH AND ADDICTIONS	462.56	434.41	423.83
HUMAN RESOURCES AND PHARMACARE	51.00	39.00	36.00
PROFESSIONAL PRACTICE, QUALITY AND PATIENT EXPERIENCE	20.50	18.70	17.55
TOTAL FTES	**4,148.31**	**4,057.40**	**3,982.85**

***PEI Estimates of Revenue and Ependitures 2019/20**

****2019-20 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., Women's Wellness & Expansion of PCH ambulatory care; KCMH lab improvements and Mental Health facilities such as the Mental Health Structured Housing), manors and clinics. Capital investments are also made in technology and medical equipment including the replacement of the Picture Archiving and Communication System (PACS), the Western Hospital water filtration upgrade, and the Clinical Information System Millenium upgrade. 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 2019-20 was derived from Health PEI salary budget documents. Permanent FTEs, including permanent vacancies are included.

FTEs for Medical Affairs include all staff, including salaried physicians. Fee-for-service, contract and sessional physicians are not included.

Appendices

Appendix A: Performance Indicators

Appendix B: Performance Measures Indicator Definitions

Appendix C: Organizational Structure

Appendix A

Performance Indicators

Goals	Priorities	Indicator	Baseline 17/18	Fiscal Year 18/19	Target (2018-19)	Benchmark
Access & Coordination	Improve access to primary care services	General Practitioners and Nurse Practitioners Employed in Primary Care per 100,000 Population	64.4	66.1	74.6	74.6
	Improve access to mental health and addictions services	Median Wait Time for Psychiatry Service for Clients Triaged as Urgent (in days)	30.0	41.0	24.6	14 days
	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 75)	446	434	420	326
	Enhancement of home care services	Average Length of Stay in the Frail Senior Program for Discharged Clients (in years)	0.84	0.84	0.84	-
Quality & Safety	Improve patient and workplace safety and security	Adverse Events Incident Rate for Acute Care Patients and Long-term Care Residents – Levels 4 & 5 (rate per 1000 patient/resident days)	0.145	0.188	0.13	0
	Embed patient- and family-centered care in decision making	Percentage of Health PEI Committees with Patients and/or Families Representative(s)	37.5%	81.3%	100%	100%
	Engage with patients, staff, members of the public and Island communities	Total Number of Engagement Sessions and Community Conversations Related to Health	31	190	37	-
Innovation & Efficiency	Improve patient flow	Length of Stay (LOS) Variance: Acute LOS minus Expected LOS (ELOS) (in days)	2.32	2.24	1.67	<1
	Reduce ED wait times	Emergency Department Wait Time for Physician Initial Assessment (TPIA) - 90th Percentile (in hours)	4.47	4.83	3.50	3
	Ensuring appropriate use of ambulatory care resources	% of Consult-related Visits in Ambulatory Care Clinic(s) (potentially inappropriate services)	4.47	4.37	10.73 (based on old calc)	0
	Increase use of innovative practices	Total Number of Real-time Clinical Sessions Delivered via Telemedicine	327	498	350	-
	Finance	% of Variance from Budget	0.9%	0.20%	0.5% +/-	0%
Strategic Enablers	People	Sick Days per Budgeted Full-time Equivalent	11.50	11.45	10.52	9.82
	Innovative and Efficient Technology	% of Inpatient Encounters with PowerPlan (Electronic Order Set) Ordered	97.7%	97.3%	100%	100%
	Collaboration and Engagement	Number of Collaborative Appointments in Primary Care	1,153	1,578	1,400	-
	Communication and Information Sharing	Total number of Health PEI content pages, publications, news and events on the Government of PEI website (www.princeedwardisland.ca)	896	1,008	973	-

Appendix B

Performance Measures Indicator Definitions

GOAL 1: QUALITY AND SAFETY

Adverse Events Incident Rate for Acute Care Patients and Long-term Care Residents (Levels 4 & 5)

Indicator Definitions:
The rate for incidents categorized as level 4 and 5 per 1000 LTC resident and acute care patient days.

- Level 4: Serious injury - requires intervention to sustain life, may require longer hospital admission and injury may range from temporary harm to permanent harm.
- Level 5: Death or drastic outcome related to the incident.

Percentage of Health PEI Committees with Patients and/or Families Representative(s)

Indicator Definitions:
The percentage of Health PEI committees with a complete complement of patient and family representatives divided by the total number of Health PEI committees x 100.

Health PEI committees included in this calculation are committees formed to support key Health PEI strategic initiatives and accreditation requirements:

- 20 Quality Improvement Committees (2 advisors/committee)
- Patient- and Family-Centered Care Steering Committee (2 advisors)
- Provincial Cancer Coordination Steering Committee (2 advisors)
- Patient Flow - System Utilization Advisory Committee (2 advisors)
- Stroke Strategy (they are developing a patient and family advisory sub committee)
- Clinical and Organizational Ethics Committee

Note: The number of committees may increase as initiatives are developed. Committees listed below are committees that are in the process of being established:

- Mental health and addictions
- Diabetes strategy
- Renal strategic planning

Complete complement refers to the number of patient and family representatives that each group has identified seats for. At present time the total complement identified is 52.

Total Number of Engagement Sessions and Community Conversations Related to Health

Indicator Definitions:
A volume count of the number of engagement sessions and community conversations related to health.

Engagement Sessions: Formal sessions where staff and/or patients are brought together for education purposes or planning purposes. These sessions can include: Patient/family advisor orientation sessions (held annually); workshops/conferences on patient-and family-centered care (to be determined); staff participation in leadership sessions (Managers Community, held 1-2 per year); staff participation in Health PEI ethics workshop; and joint sessions with other government departments.

Community Conversations: Formal sessions where staff work with community representatives/groups for educational and planning purposes related to health. These sessions can include: Consultations or meetings (outreach) with specific communities and groups (e.g., newcomers, Indigenous communities, auxiliaries/foundations); and community needs assessments.

GOAL 2: ACCESS AND COORDINATION

General Practitioners and Nurse Practitioners Employed in Primary Care per 100,000 Population

Indicator Definitions:
This indicator shows the standardized rate (per 100,000 population) of the total number of filled full-time equivalents (FTEs) for both General Practitioners (GP) and NPs working in Health PEI's Primary Care Networks.

Note: This indicator definition and calculation was updated for 2018/19 Q1. Changed from: GPs and NPs employed in direct care per 100,000 population to GPs and NPs employed in primary care per 100,000 population in order to better reflect access to primary care services.

Median Wait Time for Psychiatry Service for Clients Triaged as Urgent (in days)

Indicator Definitions:
Overall provincial average wait time (in days) for community mental health services of an urgent nature. This indicator incorporates both psychiatry (i.e., in community clinics, non-acute) and community mental health services (i.e., outreach, therapeutic, seniors) for the triage level of urgent.

Ambulatory Care Sensitive Conditions Rate

Indicator Definitions:
Age standardized acute care hospitalization rate for conditions where appropriate ambulatory care prevents or reduces the need for hospitalization per 100,000 populations under age 75 years.

Conditions include:

- Grand mal status and other epileptic convulsions
- COPD
- Asthma
- Heart failure and pulmonary edema
- Hypertension
- Angina
- Diabetes

Exclusions include:

- Individuals 75 years and over
- Newborns
- Death before discharge
- All non-residents of PEI

Average Length of Stay in the Frail Senior Program for Discharged Clients

Indicator Definitions:
Based on client groupings from Canadian Institute for Health Information (CIHI), "frail senior" is defined as:

- 75 years and over
- Require convalescent or restorative care
- Have access to caregiver support at home
- Assessed or would be assessed as level 3, 4, or 5 with the Seniors Assessment Screening Tool (SAST)
- Having been discharged from the program

This indicator measures the average length of the time from the date a client is enrolled in the Frail Senior Program for those discharged over the time period.

Population:
All those discharged from the program in the time period.

Calculation:
Average number of days between the enrollment date of the program and the date they left the program measured in years.

GOAL 3: INNOVATION AND EFFICIENCY

Length of Stay (LOS) Variance: Acute LOS minus Expected Length of Stay (ELOS) (in days)

Expected Length of Stay (ELOS) Variance

Indicator Definitions:
The number of days a patient's stay in an acute care hospital exceeds the ELOS. This measure compares acute LOS to ELOS after adjusting for factors that affect in-hospital mortality, such as patient age, sex, diagnosis and other conditions. The ELOS is based on comparison to similar patients in the CIHI Discharge Abstract Database (DAD) national database.

Emergency Department Wait Time for Physician Initial Assessment (TPIA)

Indicator Definitions:
This indicator measures the time interval between the earlier of patient registration or triage time to physician initial assessment (90th percentile in hours).

% of Consult-related Visits in Ambulatory Care Clinic(s) (potentially inappropriate services)

Indicator Definitions:
This indicator measures the percentage of potentially inappropriate services occurring within the ambulatory care centres of PCH, QEH, Western Hospital, Community Hospital O'Leary, Kings County Memorial Hospital (KCMH) and Souris Hospital.

Inappropriate services are defined as having an orderable among the following:

- Consult - Appt
- Consult Internist - Appt

- Consult Ears Nose and Throat Specialist
- Consult OB/GYN - Appt
- Consult Mental Health - Appt
- Consult Neurologist - Appt
- Consult Neurology - Appt
- Consult Ophthalmology - Appt
- Consult Orthopedics - Appt
- Consult Physiatrist - Appt
- Consult Plastic Surgeon - Appt
- Consult Psychology - Appt
- Consult Rheumatology - Appt
- Consult Surgeon - Appt
- Consult Urology - Appt
- Consult Visit - Appt
- Consultation - Appt
- Dermatology Consultation - Appt
- Initial Consult Respirologist - Appt
- KCMH Pediatric Consult - Appt
- New Consult - Appt
- Pediatric Consult - Unit 5 Nursing - Appt
- Plastic Consult Injuries - Appt
- Plastic Consult Visit – Appt

The denominator is the total volume of visits among the ambulatory care clinics containing any of the orderables listed above.

Total Number of Real-time Clinical Sessions Delivered via Telemedicine

Indicator Definitions:
A volume count of real-time clinical sessions delivered via video conferencing technology. Clinical sessions are defined as events or sessions involving the clinical use of technology (video conferencing) towards the care of a patient, such as clinician-to-patient or clinician-to-clinician.

Percent of Variance From Budget

Indicator Definitions:
Budget variance reflects the difference between the annual operational budget expenditures (as approved by the legislature and adopted by the Board) and actual expenditure.

Material deviation to mean a deviation of (+/-) 0.5 % between actual and budgeted expenditures.

ENABLERS

Sick Days per Budgeted Full-time Equivalent (FTE)

Indicator Definitions:
Sick days per budgeted FTE is a form of insurance and is intended to protect income when or if employees are incapable of performing duties due to illness or injury.

Calculation:
Total Sick hours / Number of FTEs

Percentage of Inpatient Encounters With PowerPlan (Electronic Order Set) Ordered

Indicator Definitions:
This indicator shows the ratio of inpatient encounters with at least one PowerPlan ordered. The nominator is the total number of inpatient encounters with at least one PowerPlan ordered; the denominator is the total number of inpatient encounters (with or without PowerPlan).

"PowerPlan" refers to electronic order sets. An order set is a standardized list of orders for a specific diagnosis or procedure. These orders have been carefully developed by a team of physicians, pharmacists, nurses and other health care professionals who consult medical literature for evidence-based standards. The selection of medications, dosages and the potential for drug interactions have been assessed in the calm of task force meetings rather than the pressure cooker of a physician's busy day (or night). Issues of quality and cost effectiveness are thoughtfully addressed with balance and wisdom.

Number of Collaborative Appointments in Primary Care

Indicator Definitions:
This indicator shows the number of appointments within the primary care health centres that are collaborative between the family physicians and the NPs; more specifically those that have a billing code of "2510 NURSE PRACTITIONER COLLABORATION".

Total number of Health PEI content pages, publications, news and events on the Government of PEI website (www.princeedwardisland.ca)

Indicator Definitions:
This indicator tracks the total number of Health PEI content pages, publications, news and events on the Government of PEI website in both English and French. It is reported on a quarterly basis; data as of the last date of the quarter will be used.

Content page: Refers to web pages that contain "Information" about Health PEI programs and services (e.g., PEI Health Card, Mental Health Walk-in Clinics, Sexual Health Services, etc.).

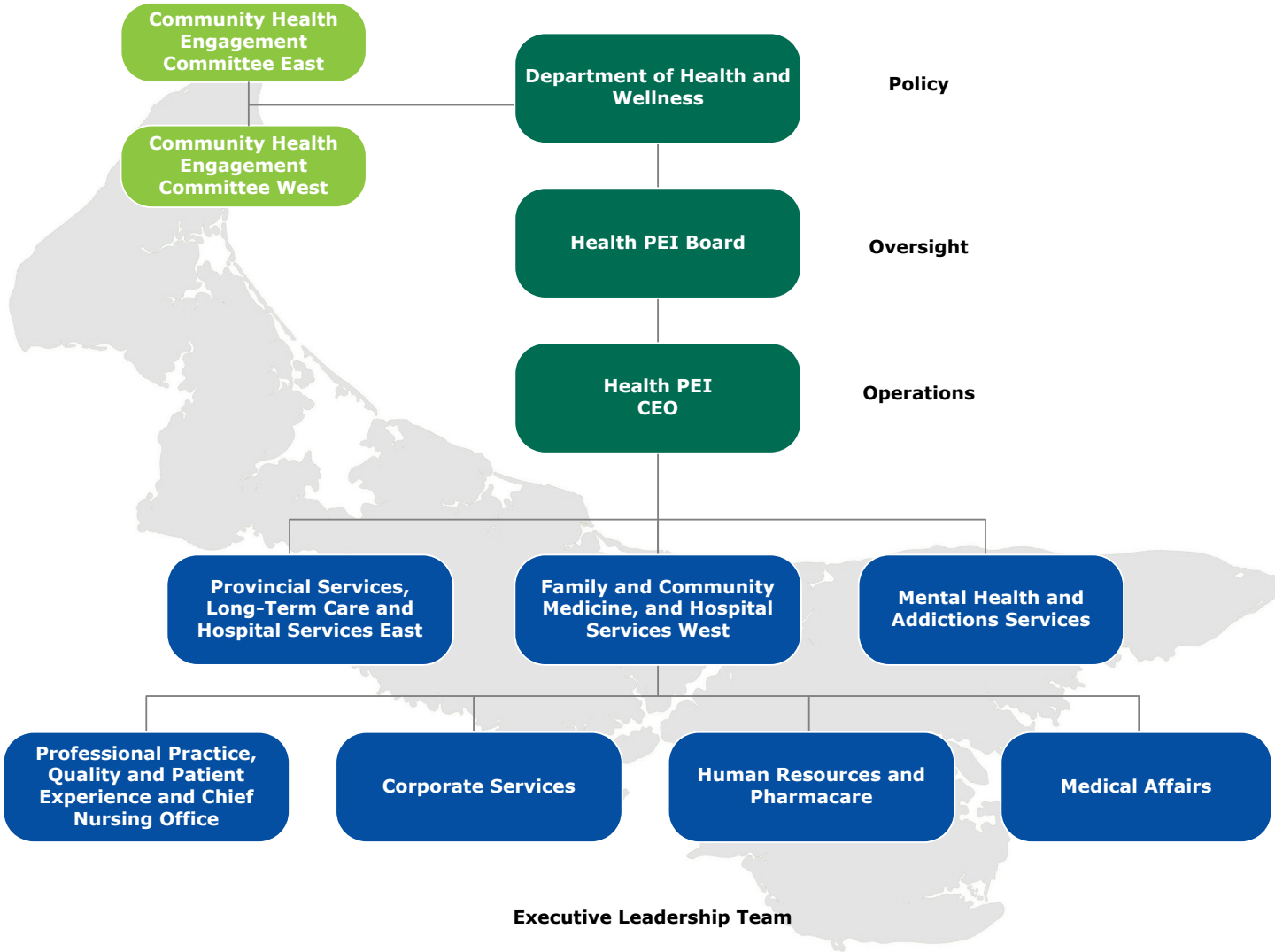
Publications: Can include brochures, reports, planning documents, posters, annual reports and progress reports, etc.

News: Includes news releases and featured stories.

Events: Can include any event that is organized or sponsored by Health PEI or the Province of PEI.

Note: These "Content Types" (Information, Publication, News, Events) can be found on the Government of PEI website through a "Search" and can be filtered by date, department and division.

Appendix C – *Organizational Structure*



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

6 WT Benchmarks for Patients with Serious Psychiatric Illnesses Policy Paper – CPA March 2006 Ottawa, ON. Retrieved from: https://www.cpa-apc.org/news-policy-advocacy/advocacy-policy/position-papers-statements/#tab-3-4

7 Canadian Institute for Health Information (CIHI) DAD Database, Pan-Canadian Average, 2017-18.

8 Canadian Association of Emergency Physicians (CAEP). Position Statement on Emergency department over crowding and access block. Ottawa, ON: CAEP; 2013. Retrieved from: https://caep.ca/advocacy/position-statements/

Acronyms

ACRONYM	DEFINITION
ALC	Alternate Level of Care
ADC	Automated Dispensing Cabinets
CFHI	Canadian Foundation for Healthcare Improvement
C-HOBIC	Canadian Health Outcomes for Better Information and Care
CIHI	Canadian Institute for Health Information
COACH	Caring for Older Adults in the Community and at Home
COPD	Chronic Obstructive Pulmonary Disease
ELOS	Expected Length of Stay
ESPRI	Electronic Synoptic Pathology Reporting Initiative
FTE	Full-time Equivalent
GP	General Practitioner
ICU	Intensive Care Unit
KCMH	Kings County Memorial Hospital
LOS	Length of Stay
MDI	Medical Device Incident
MIH	Mobile Integrated Health
MSIP	Musculoskeletal Injury Prevention
NP	Nurse Practitioner
OB/GYN	Obstetrics/Gynecology
PCH	Prince County Hospital
PSMS	Provincial Safety Management System
QEH	Queen Elizabeth Hospital
QIA	Quality Improvement Activity
RCW	Resident Care Worker
RN	Registered Nurse
SADR	Serious Adverse Drug Reaction
SAST	Seniors Assessment Screening Tool
TPIA	Time for Physician Initial Assessment
WCB	Workers Compensation Board

Notes

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