

# 2021-2022 BUSINESS PLAN



**Health** PEI



# Health PEI

**Prepared by:**

Policy, Planning and Evaluation

**Published by:**

Health PEI  
PO Box 2000  
Charlottetown, PE  
Canada C1A 7N8

March 2022

**Printing:**

Document Publishing Centre

**Available online at:**

*[www.healthpei.ca](http://www.healthpei.ca)*

Printed in Prince Edward Island





# Health PEI

2021-2022  
**Business Plan**

## Table of Contents

**1** Message from the Chief Executive Officer

**2** 2017-2020 Strategic Direction

**4** Introduction

**5** **Accountability Framework**

Legislative Responsibilities

Leadership Accountability

Performance Measurement and Reporting

**6** Canadian Quality and Patient Safety  
Framework for Health Services

**8** Health PEI COVID-19 Response

**11** **Strategic Goals**

Goal 1 – People

Goal 2 – Quality and Safety

Goal 3 – Access and Coordination

Goal 4 – Innovation and Efficiency

**19** Budget and Resource Summary

**21** **Appendices**

Appendix A – Performance Measurement

Appendix B – Organizational Structure

**23** Reference List

**23** Acronyms



# Message from the Chief Executive Officer



*Dr. Michael Gardam  
Chief Executive Officer*

On behalf of Health PEI, I am pleased to present the 2021-22 Health PEI Business Plan. This business plan is the first plan from our 2021-24 Strategic Plan cycle and is aligned with our goals of *People, Quality and Safety, Access and Coordination* and *Innovation and Efficiency*.

The 2021-22 Business Plan outlines where we will focus our efforts over the next year including key initiatives to support the wellness and safety of our staff, build a culture of quality in our organization, and implement new and innovative ways to deliver care on PEI to improve access across the province.

As a health care organization, we face many challenges in the delivery of health care on PEI and in supporting those who provide care during the COVID pandemic and in an environment of staffing shortages and long wait times. However, the dedication of our health care team and the resilience of Islanders will help bring us closer to our vision of *Healthy Teams, Healthy People, Healthy Island Communities*.

Respectfully submitted,

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



# Strategic Plan 2021-2024 *At a Glance*

## VISION

HEALTHY TEAMS,  
HEALTHY PEOPLE,  
HEALTHY ISLAND COMMUNITIES



## MISSION

OUR VALUED HEALTH TEAM  
WORKING WITH ISLAND COMMUNITIES  
TO DELIVER INCLUSIVE, INNOVATIVE AND  
PERSON-CENTERED HEALTH CARE TO ALL

## VALUES



### 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 PRACTICE.



### DIVERSITY

WE RECOGNIZE AND VALUE  
THE DIFFERENCES OUR TEAM  
AND OUR LOCAL COMMUNITY  
BRINGS TO THE ORGANIZATION  
THROUGH THEIR DIVERSITY IN  
BACKGROUNDS, EXPERIENCES,  
CULTURES AND BELIEFS.

## GOALS



### PEOPLE

ESTABLISH A HEALTHY, SAFE  
AND HIGH-PERFORMING  
WORKPLACE THAT SUPPORTS  
AND DEVELOPS OUR PEOPLE.



### QUALITY & SAFETY

INTEGRATE QUALITY AND  
PATIENT SAFETY INTO THE  
CULTURE OF THE  
ORGANIZATION.



### ACCESS & COORDINATION

PROVIDE QUALITY, EQUITABLE  
AND PATIENT-FOCUSED CARE  
ACROSS THE PROVINCE.



### INNOVATION & EFFICIENCY

DEVELOP NEW AND  
INNOVATIVE APPROACHES TO  
IMPROVE EFFICIENCY  
AND UTILIZATION OF HEALTH  
CARE RESOURCES.

## ENABLERS

GOVERNANCE AND ACCOUNTABILITY • EVIDENCE-BASED • COMMUNICATION • TECHNOLOGY







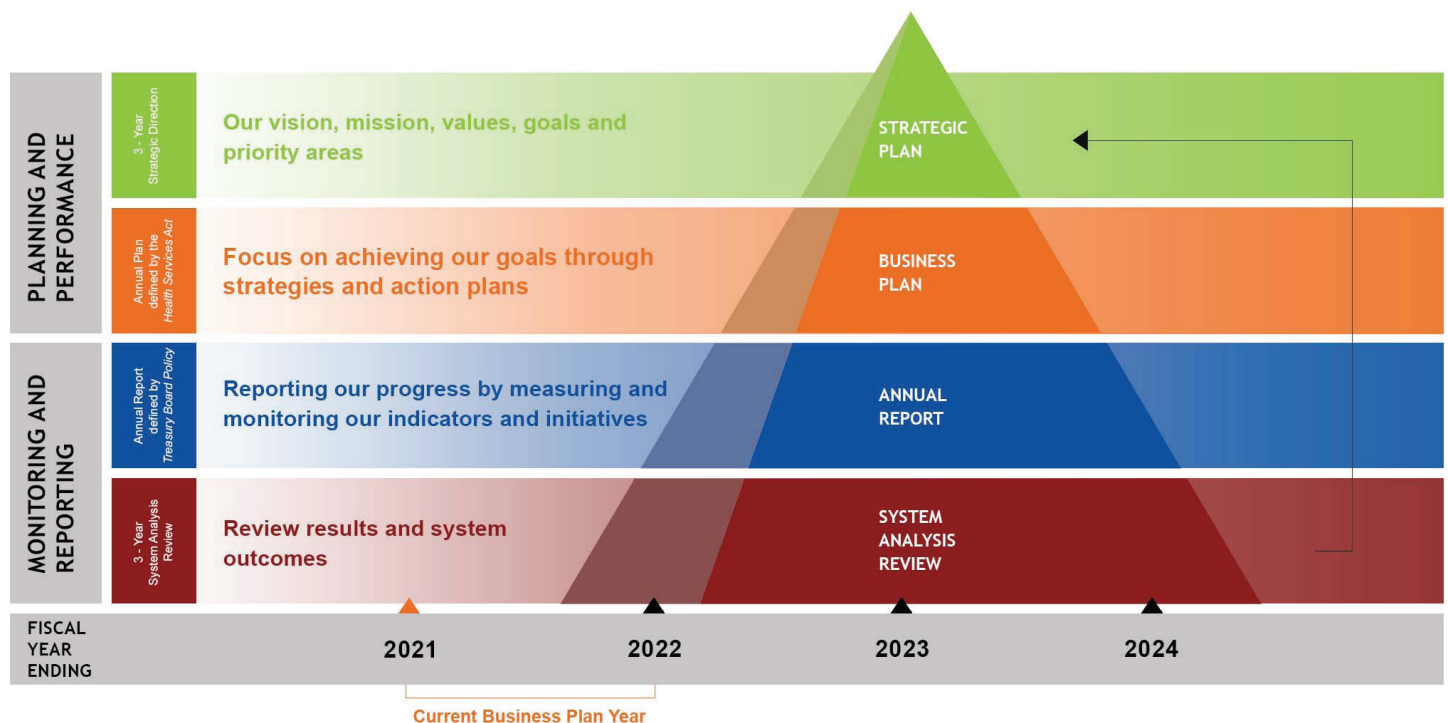
# Introduction

Health PEI's Strategic Plan lays the foundation for its performance and accountability by outlining the organization's direction, and by guiding both decision-making and key actions over a 3-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. As mandated by the *Health Services Act*, the strategic plan, business plan and annual report provide a basis for public reporting on key actions and system performance.

In this first year of the new 2021-24 Strategic Plan, Health PEI will focus on the following areas as outlined in this document:

- Stabilization of existing services through increases in resources and the expansion of services,
- Support of vulnerable Islanders in the community, and
- Improving quality and safety for staff and clients.

## Accountability Framework





# Accountability Framework

## Legislative Responsibilities

Health PEI is an arm's length crown corporation responsible for the operation and delivery of publicly funded health care services in Prince Edward Island (PEI).

In accordance with the *Health Services Act*, the Health PEI Board of Directors sets the strategic direction for Health PEI within the parameters of the Act and subject to direction from the Minister of Health and Wellness. The Accountability Framework between the Department of Health and Wellness (DHW) and Health PEI supports maximizing the potential of the PEI health care system by outlining accountability responsibilities, roles and responsibilities and performance objectives of each organization in the delivery of care in PEI.

As such, Health PEI works closely with the Department to align planning and funding for service delivery. The new investments and initiatives highlighted within this Business Plan reflect strategic actions to support the accomplishment of health system priorities.

Through the Board Chair, the Board is accountable to the Minister for the management and control of Health PEI as established in the Act. The Board is connected to the operational organization, its achievements and conduct through the Chief Executive Officer of Health PEI. Health PEI operates programs and services throughout PEI in both acute care and community settings.

## Leadership Accountability

The following processes are in place to monitor progress on the implementation of new investments intended to support the advancement of Health PEI's strategic priorities: the development of the Health PEI Business Plan (start of fiscal year) and Health PEI Annual Report (end fiscal year); review of the organization's Audited Financial Statements; and the submission of regular reports to the Health PEI Executive Leadership Team (ELT), Health PEI Board of Directors and the Department of Health and Wellness. Public reporting is directed by both legislation and Treasury Board policies.

## Performance Measurement and Reporting

Members of Health PEI's Executive Leadership Team (ELT) are responsible for the investments described throughout this business plan. To maintain accountability, a detailed planning, monitoring and reporting process is used to provide regular detailed updates to leadership. This allows Health PEI to identify where the issues and delays are, what is working well, what can be improved and where efforts and resources need to be refocused to.

Regular monitoring of implementation status and performance indicators and measures are an important component in ensuring Health PEI is making continued progress towards the achievement of its strategic goals. Health PEI utilizes financial and non-financial data to provide a comprehensive overview of performance measurement. Indicators and measures are defined and pre-approved during the planning phase and consider factors such as: the alignment of expected outcomes with Health PEI's Strategic Priorities, services and programs receiving new resources and the availability of data.

System performance indicators linked to the 2020-21 Business Plan are provided in Appendix A.

Health PEI utilizes a quarterly performance scorecard that provides a high level systems overview of its performance in relation to its mandate as the provincial health authority and its three year strategic plan. Performance indicators are provided in the scorecard.



# Canadian Quality and Patient Safety Framework for Health Services

Health PEI has aligned its work with the Canadian Quality and Patient Safety Framework for Health Services to embed and recognize the importance of quality and safety in all aspects of the organization's work. Linkages to the quality and safety framework are denoted throughout this document by the following icons:



People-Centered Care



Safe Care



Accessible Care



Appropriate Care



Integrated Care

The following pages include a section for each strategic goal outlining a goal statement, linkage to the Canadian Quality and Patient Safety Framework for Health Services, priority areas and potential actions for 2021-22.



**Cough & Fever**  
**Toux et Fièvre**

**ENTRANCE**  
**ENTRÉE**





# Health PEI COVID-19 Response

In support of PEI's continued response to the COVID-19 pandemic, Health PEI was responsible for organizing, mobilizing and deploying health-care resources which very quickly adapted in order to meet the province's changing health care needs. 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.

In the 2021-22 fiscal year, Health PEI will continue to operate COVID-19 Screening Clinics, Immunization Clinics, Cough and Fever Clinics; maintain capacity within acute care facilities to care for COVID-19 admissions; and redeploy staff as required to support the pandemic response.





# Strategic Goal #1

# People

## Priority Areas

*Health PEI needs to focus on these areas to achieve its strategic goals:*

### *Talent Management*

- Attract and retain a skilled and high-performing workforce for Health PEI.
- Support professional development to enable leadership and staff to experience career growth, satisfactory professional practice, success in the workplace and overall satisfaction.

### *Improve staff wellness and safety*

- Create a safe workplace where staff are supported by the appropriate resources, equipment, training and tools.
- Develop a healthy and respectful workplace where staff are supported by opportunities for collaboration, regular staff recognition, engagement and communication between all levels of the organization.

### *Effective and efficient human resource planning and processes*

- Provincial approach to human resources planning.
- Needs-based and data-driven human resources planning.
- Streamline and standardize human resources processes.

Establish a healthy, safe and high-performing workplace that supports and develops our people.

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



People-Centered Care



Safe Care



## Key Actions to take place in 2021-22 include:

### *Employee Staff Wellness and Leadership*

- Over the next two years, create and support a Talent Management Section within Human Resources (HR) providing focus on leadership development, succession planning, and labor relations. Positions to support this work include an Organizational Development and Leadership Manager, Employee Experience Specialist and Administrative Support.

### *HR Analytics*

- To support decision-making and planning, develop an automated dashboard for recruitment and retention metrics utilizing PeopleSoft data and integrating into RStudio, in collaboration between HR, Health Analytics and the Department of Health and Wellness.

### *Employee Communications*

- Improve communications to Health PEI staff and physicians through regular CEO messages, all staff updates and leadership townhalls.

### *Staff Safety: Policies, Training and Programs*

- Violence Prevention and Reduction Steering Committee: Continue the work of the following working groups: Policy, Education, Communication and Reporting/Response.
  - *Violence in the Workplace Policy:* Continue implementation of policy and guide, providing staff education to support moving toward best practices.

- *Return to Work Policy:* Develop education for managers in collaboration with Human Resources managers.
- Musculoskeletal Injury Prevention (MSIP) Program:
  - Continue to offer Transferring, Lifting and Repositioning (TLR) training and Safe Moving and Repositioning Training (SMART)
  - Review the Patient Lift policy
  - Work toward linking Health PEI data to Workers Compensation Board (WCB) Claims (e.g. days lost)
- Review Respiratory Protection Program (other than N95) including completion of risk assessments.
- Review requests, supports required for ergonomic assessments and plan for prioritization of assessments.
- Review and update the *Working Alone Policy*.
- Review feasibility of a smart phone App same alert system for staff working at different sites.



# Strategic Goal #2

## Quality and Safety

### Priority Areas

*Health PEI needs to focus on these areas to achieve its strategic goals:*

- Embed understanding and prioritization of quality and impacts on patient care throughout the organization.
- Create a person-centered environment that fosters respect and safety to improve patient experiences and outcomes.

Integrate quality and patient safety into the culture of the organization.

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



People-Centered Care



Safe Care



Appropriate Care



# Key Actions to take place in 2021-22 include:

## Accreditation

- Support Quality Improvement Teams (QIT) to ensure they are prepared with respect to the information and education needed for accreditation through the review of standards, self-assessments, workplans for each QIT area, development of indicators and Plan-Do-Study-Act cycles.
- Promote Required Organizational Practices (ROP) awareness across different service areas.
- Work closely with Health Analytics to launch the RStudio Dashboard for patient safety – Quality, Risk and Patient Safety Dashboard.
- Review the Terms of Reference, membership and team assignment for the Surgery Risk and QIT.

## Patient Safety

- Strategy development and review:
  - Provincial Falls Framework
  - Medication Administration Errors
  - Violence – patient risk assessments
  - Lab Incidents
- Nurses Specialized in Wound, Ostomy and Continence: development of policies and education and standardized documentation.
- Infection Prevention and Control: launch new hand hygiene initiative, education and new auditing strategy.
- Provide an additional 33 hours of security coverage, 365 days of the year to Prince County Hospital (PCH) to support nursing units and public areas.
- Increase provincial pharmacy staffing resources for the hospital pharmacy in the provision of prepared sterile drug products, support of the neonatology program, and the establishment of a Quality Assurance (QA) program for sterile products.

## Education and Training

- Provide education and training to develop and support a culture and understanding of quality and safety:
  - Quality: How To's of Quality Improvement
  - TeamSTEPPS – how to build good teams and manage quality
  - Just Culture
  - Incident Reporting/Provincial Safety Management System (PSMS) training
  - Ethics – conduct tabletop exercises across Health PEI using an ethics scenario and applying Health PEI's ethics framework and standards to the discussion

## Person and Family-Centered Care

- Patient Experience Team and HR to collaborate with the Patient and Family Advisory Council to develop orientation materials for new employees focusing on a patient and family centered approach.
- Develop recruitment campaign for volunteer patient advisors to assist health system planning.
- Create repository of patient stories that can be shared across the system.
- Start implementation of the multi-year Home Care French Language Project through the Health Canada Official Languages Health Program to improve access to French services in the PEI health care system by:
  - Planning for the establishment of an Active Offer for home care services, and
  - Reviewing Health PEI data collection systems and processes to ensure that language information can be collected, analyzed and disseminated.



# Strategic Goal #3

## Access and Coordination

### Priority Areas

*Health PEI needs to focus on these areas to achieve its strategic goals:*

#### Primary Care

- Increase access to primary care services and enhance delivery of care.
- Transition toward team-based care to provide integrated and coordinated care.
- Support patient transitions between different levels of care and programs: enhance and integrate community-based care.
- Embed innovation and virtual care to enhance access, team-based care, integration and collaboration.

#### Mental Health and Addictions (MHA)

- Integration of mental health and addictions within the health system to reflect evolving patient needs and approaches to care.
- Increase access to mental health and addictions services and manage transitions in care.
- Optimize community-based supports to provide care in the community and support the acute care system.
- Continued focus on Master Programming and replacement of Hillsborough Hospital with new MHA campus.

#### Seniors Care

- Provide care at home and closer to home: support individuals to stay at home (e.g., increase access to community-based supports, home care, supplies, etc.) or receive care closer to home.
- Transitions of care – Hospital to Home: Support individuals in their transition to home and re-integration into the community after care.
- Enhanced care capacity for LTC residents: improvement of organizational practices and processes to better support residents and staff.

Provide quality, equitable and patient-focused care across the province.

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



Accessible Care



Appropriate Care



Integrated Care



# Key Actions to take place in 2021-22 include:

## Primary Care

- Start implementation of the two-year Primary Care Roadmap focusing on the provision of team-based care through the establishment of medical homes and neighbourhoods. To support this new care model, recruit and hire new positions including physicians, nurse practitioners (NP), registered nurses (RN), licensed practical nurses (LPN), medical secretaries, dietitians and social workers (SW) in 2021-22.
- In partnership with the Department of Health and Wellness, IT Shared Services and the Medical Society of PEI, establish an electronic medical record (EMR) program to support the implementation of the EMR solution across primary care sites starting in the summer of 2021.

## Mental Health and Addictions

- Accelerate the Community First Model focusing on early intervention and healthy maintenance through community access for vulnerable and at-risk populations and collaboration and integration across the health system and government. In 2021-22, create dedicated positions including a Campus Systems Manager, Group Facilitator, nurses and occupational therapy workers.
- Support the addition of six new beds and additional programming for Lacey House. Additional supports include social workers, pharmacists, pharmacy technicians and addictions workers.
- To increase access and stabilize care for mental health patients in acute care, the following priorities have been identified:
  - Reinstatement of 12 in-patient adult beds at the Queen Elizabeth Hospital (QEH).
  - Establishment of a Child and Youth Unit at Hillsborough Hospital.
  - Provision of additional staffing resources to support on-going mental health needs within the QEH Emergency Department, leading to expanded Mental Health support coverage (16 hours per day).

- Resources required include RNs, LPNs, resident care workers and ward clerks.

- To improve the care and support of older adults with dementia living in community and in residential care facilities expand the Seniors Mental Health Resource Team through the addition of an RN, LPN, occupational therapist and administrative support.

## Seniors Care

- To help meet the needs of the expanding Geriatrics Program and support new initiatives in restorative care, hip fracture service and enhancing education to support improved care of the elderly, increase clinical support through the addition of a Family Physician-Geriatrician.
- To provide support for designated alternate level of care patients, create a new dedicated dementia unit at the Prince Edward Home. Additional staff supports for the unit include an RN, pharmacist, resident care worker and an occupational therapy worker.
- Continue Phase 2 of the Long-Term Care (LTC) Model of Care Nursing Supports to enhance evening shift supports in LTC through the addition of RNs and LPNs.
- Addition of Nurse Practitioners to increase spread and scale of medical support to LTC facilities.
- Through the Multidisciplinary Dementia Team Pilot, increase access to occupational therapists, physiotherapists and social workers to improve community support and services to older adults living with dementia at home and their caregivers.
- To help support the transition to home sooner and decrease the requirement for bed-based care days, implement the Home First and Self-Managed Care initiative. This initiative includes a partnership with private providers to develop a framework and protocols to determine how to successfully develop and deliver this program in PEI and includes 56 hours per week of home support.







- Increase capacity to support more frail seniors who are living at home through the provision of additional hours of service for Frail Seniors and COACH clients by provincial Home Care staff.
  - With the addition of health care providers, create 30 new COACH program spaces enabling home-based care for medically complex older adults.
  - To meet current and anticipated increased demands for home-based care of older adults who are assessed to require long term care, expand overall hours of care and support during evenings and weekends through the addition of home support workers, professional services and clerical/ administrative support.
  - Test the feasibility of a new approach to addressing urgent care needs by providing short term (three to five days) 24-hour home based care as a strategy to avoid crisis presentations to emergency departments and hospitals by enabling care planning in the community.
  - Provides an intensive home-based intervention for older adults experiencing recent physical decline and functional losses which jeopardize their ability to remain at home through the provision of support from physiotherapy, occupational therapy and equipment.
- Provide funding to support an additional 4,420 hours of community paramedic support through the Mobile Integrated Health Program (Bridging from Emergency Departments and Acute Care) to ensure older adults have access to equipment and services to enable safe discharge from emergency department to home and advancing provision of complex care at home, inclusive of IV therapy and wound care.

- Provide grant funding to support the Red Cross in assuming operations for the Health Equipment Loan Program in Summerside.

## *Specialist Care and Community Programs*

- To address increasing patient volumes, increasing practice complexity and patient acuity, plan for the addition of a Medical Oncologist specializing in Hematological Oncology.
- Continue midwifery program and policy development in collaboration with the Department of Health and Wellness.
- Expand dental coverage for seniors and low income Islanders to provide equitable access to dental health care across PEI.
- Support Public Health's Autism Services with the addition of a new permanent Pediatric Psychologist position and early intervention positions (project lead and service delivery) to increase the number of Autism Spectrum Disorder (ASD) assessments that can be completed and enable the establishment and implementation of an early intervention program for children and their families.
- Support the addition of new drugs for cancer and high cost drugs for rare diseases.



# Strategic Goal #4

# Innovation and Efficiency

## Priority Areas

**Health PEI needs to focus on these areas to achieve its strategic goals:**

### **System Utilization and Efficient Patient Flow**

- Develop safe, effective and timely transitions from hospitals to community settings (community-based care and home).
- Support safe patient transitions between different levels of care and programs: enhance and integrate community-based care.

### **Support the sustainability of the health system by building efficiencies across Health PEI through:**

- Continued fiscal management.
- Application of strategic management framework including performance measurement.
- Appropriate system utilization.

### **Innovative Technology/Practices**

- Implementation and expansion of digital health:
  - Virtual Care: Continued implementation and adoption of virtual care to support the continuity of care, optimize current delivery/practices and provide supports for Islanders and clinicians.
  - Electronic Medical Record (EMR): Operationalize EMR across the health care system.
  - Continued collaboration with the Department of Health and Wellness, IT Shared Services and Canada Health Infoway.
- Adoption of other innovative technologies and practices to support the continuity of care (including transition points), accessibility and efficiency.

Develop new and innovative approaches to improve efficiency and utilization of health care resources.

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



People-Centered Care



Safe Care



Accessible Care



Integrated Care



## Key Actions to take place in 2021-22 include:

### Patient Flow

- Conduct preliminary work on the development of the next three-year strategy for patient flow.
- Development and stakeholder review of the Provincial Bed Closure Policy including staffing metrics – Hours Per Resident Day/Hours of Care Per Patient Day (HPRD/HPPD).
- Continue planning and implementation of initiatives to support bed utilization and develop process to review and expedite appropriate discharges.
  - Update Overcapacity Policy
  - Update Diversion policy
  - Introduction of Patient Flow Metric report
  - Re-introduction of Patient Flow committees
  - Introduction of Long-term Care / MHA bed board
- Regular review and update of the COVID-19 Surge Plan to prepare for potential hospital admissions.

### Virtual Care

- To advance the use of virtual care in PEI's health system and maximize its benefits for Islanders, establish the Virtual Care Project Coordination Centre (VCPCC). The VCPCC is a core group that coordinates and delivers virtual care projects. Staff includes: a project manager, analysts (business, policy and fiscal), IT Consultant, change management lead, application and support specialists.
- Provide coordination of virtual care support for complex clients living in their own home and their caregiver/families through the addition of a Provincial Home Care Virtual Care/Remote Client Monitoring (RCM) Coordinator.

### Service Stabilization

- Increase the Respiratory Therapy (RT) complement at PCH to provide RT coverage 24/7, 365 days per year.
- To support the PCH Intensive Care Unit and the Emergency Department, recruit additional nurses, a nurse educator, nurse clinical leads and new nursing graduates.
- Provide additional core staffing of RNs, LPNs, SW and support staff at Western Hospital to meet patient acuity demands to sustain and stabilize inpatient and hospital care services.



# Budget and Resource Summary

	2021-22 Budget Estimate	2020-21 Forecast	2020-21 Budget
	\$	\$	\$
<b>EXPENDITURE*</b>			
CORPORATE SERVICES.....	15,990,300	14,874,200	15,439,400
FINANCIAL SERVICES.....	8,740,100	8,528,300	8,632,400
MEDICAL AFFAIRS.....	199,238,600	191,257,700	191,834,700
HOSPITAL SERVICES.....	312,523,600	304,288,900	300,962,300
COMMUNITY HEALTH AND SENIORS CARE.....	183,975,600	166,366,300	168,965,200
MENTAL HEALTH AND ADDICTIONS.....	58,422,400	53,144,300	52,210,600
PROFESSIONAL PRACTICE AND CHIEF NURSING OFFICE.....	3,370,000	3,033,300	3,327,500
<b>GROSS EXPENDITURE.....</b>	<b>782,260,600</b>	<b>741,493,000</b>	<b>741,372,100</b>
<b>HEALTH PEI TOTAL REVENUE.....</b>	<b>30,709,200</b>	<b>27,081,700</b>	<b>27,172,800</b>
<b>NET HEALTH PEI EXPENDITURE.....</b>	<b>751,551,400</b>	<b>714,411,300</b>	<b>714,199,300</b>
<b>CAPITAL PROJECT CONTRIBUTIONS - External Organizations</b>	<b>6,334,200</b>	<b>6,117,300</b>	<b>6,058,200</b>
<b>CAPITAL PLAN</b>			
CAPITAL IMPROVEMENTS AND REPAIRS	7,369,300	5,294,500	18,956,600
CAPITAL EQUIPMENT	9,020,600	11,092,400	9,587,500
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>16,389,900</b>	<b>16,386,900</b>	<b>28,544,100</b>
<b>FULL-TIME PERMANENT EQUIVALENTS (DIRECT FTEs)</b>	<b>2021-22</b>	<b>2020-21</b>	<b>2019-20</b>
CORPORATE SERVICES	102.47	98.30	95.30
FINANCIAL SERVICES	86.55	82.55	82.55
MEDICAL AFFAIRS	144.22	139.95	146.71
HOSPITAL SERVICES	2,071.78	2,055.67	2,032.79
COMMUNITY HEALTH AND SENIORS CARE	1,381.18	1,344.47	1,298.80
MENTAL HEALTH AND ADDICTIONS	478.21	474.51	462.56
PROFESSIONAL PRACTICE AND CHIEF NURSING OFFICE	26.96	28.60	29.60
<b>TOTAL FTEs</b>	<b>4,291.37</b>	<b>4,224.05</b>	<b>4,148.31</b>

\*PEI Estimates of Revenue and Expenditures 2021/22

'2021-22 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., QEH Master Plan, Electrical & Lab Upgrades, QEH Roof Replacement, QEH Air Handling Unit Replacement, QEH/PCH Emergency Power Generators, Nurse Call Replacement, KCMH building system upgrades), Primary Care (West Prince Collaborative Care Centers) Provincial Dental Program Outreach). 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 2021-22 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 Management

**Appendix B:** Organizational Structure



# Appendix A: Performance Management

Strategic Goal	Priorities	System Performance Indicators <sup>1</sup>
People	<ul style="list-style-type: none"> <li>Talent management</li> <li>Staff wellness safety</li> <li>HR planning and processes</li> </ul>	<ul style="list-style-type: none"> <li>Vacancy Rate</li> <li>Turnover Rate</li> <li>Sick Time (Full-Time Equivalent)</li> <li>Over Time</li> <li>Employee Incidents (violence and injuries)</li> </ul>
Quality and Safety	<ul style="list-style-type: none"> <li>Understanding and prioritization of quality and impacts on patient care</li> <li>Person-centered environment</li> </ul>	<ul style="list-style-type: none"> <li>Rate of Patient Safety Events – Acute Care (falls, medication and fluid incidents)</li> <li>Patient Experience: Overall ratings of health services experiences</li> </ul>
Access and Coordination	<ul style="list-style-type: none"> <li>Primary care</li> <li>Mental health and addictions</li> <li>Seniors care</li> </ul>	<ul style="list-style-type: none"> <li>% of Low Acuity Emergency Department Visits</li> <li>Number of Patients with Ambulatory Care Sensitive Conditions (ACSC) Admitted to Hospital</li> <li>% of Alternative Level of Care (ALC) Days</li> <li>Wait Times (Community Programs, Community Mental Health and Addictions – Psychiatry)</li> <li>Rate of Home Care Client and Long-Term Care Resident Utilization of Inpatient and Emergency Department Services</li> <li>Average Length of Stay (ALOS) in the Frail Senior Program for Discharged Clients (in years)</li> </ul>
Innovation and Efficiency	<ul style="list-style-type: none"> <li>System utilization and patient flow</li> <li>Health system sustainability</li> <li>Innovative technology/practices</li> </ul>	<ul style="list-style-type: none"> <li>Acute Care Expected Length of Stay (ELOS) Variance</li> <li>Acute Care Emergency Department Time Waiting for Inpatient Bed (TWIB)</li> <li>Acute Care Emergency Department Time to Physician Initial Assessment (TPIA) for CTAS2 1-3</li> <li>Percentage of Variance from Budget</li> </ul>

Notes:

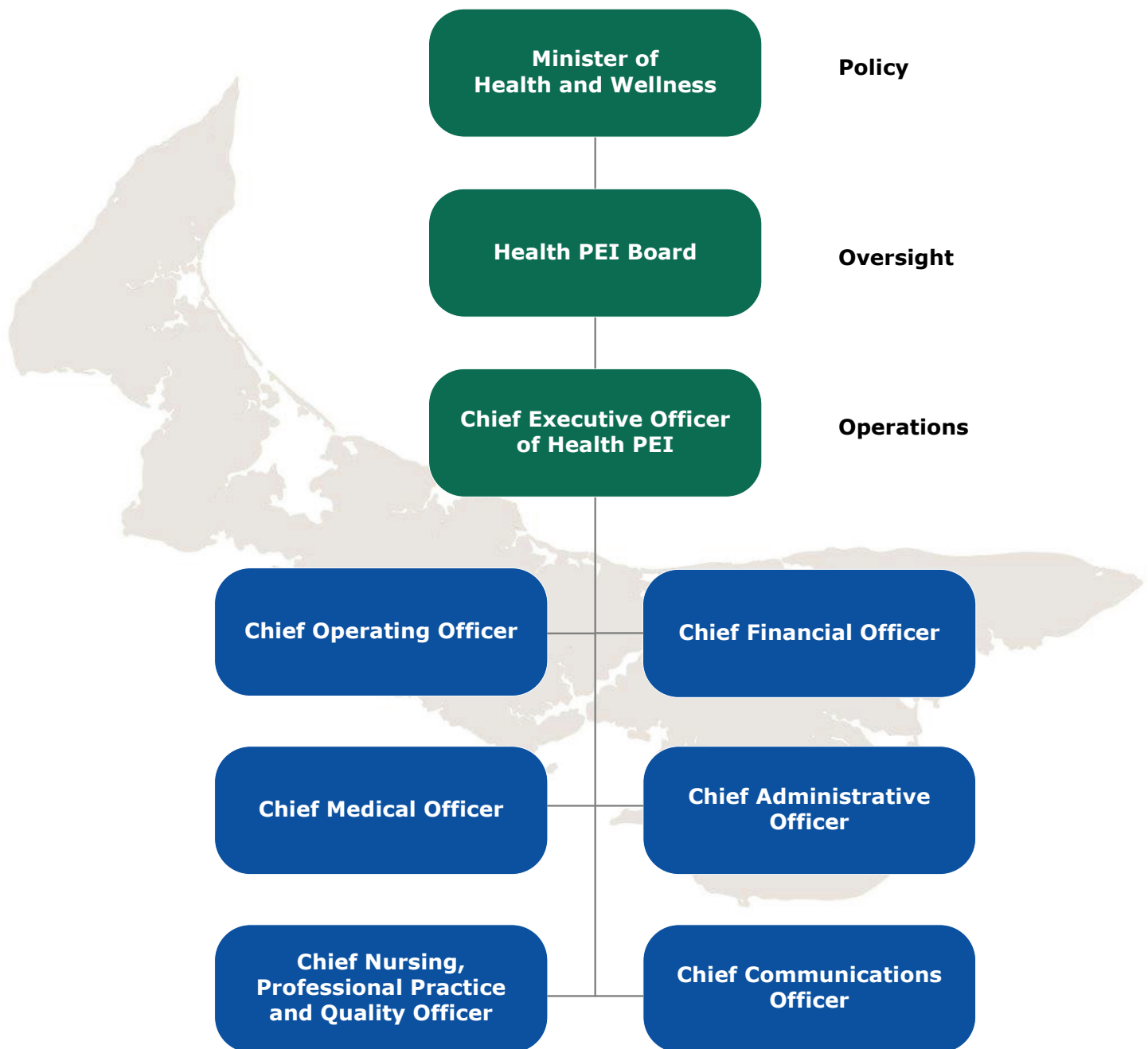
<sup>1</sup>System Performance Indicators: evaluate overall system performance and the effectiveness of strategies. Indicators reflect the organization's strategic direction.

<sup>2</sup>Canadian Triage and Acuity Scale (CTAS).

Reference: Martin et al.



# Appendix B: Organizational Structure





# Reference List

- 1 Health PEI. *Health PEI 2021-2024 Strategic Plan*.
- 2 *Health Services Act*, R.S.P.E.I. 1988, Cap. H-1.6.
- 3 Department of Health and Wellness and Health PEI. *Department of Health and Wellness and Health PEI Accountability Framework*.
- 4 Health Standards Organization and Canadian Patient Safety Institute. *The Canadian Quality and Patient Safety Framework for Health Services*.
- 5 Martin LA, Nelson EC, Lloyd RC, Nolan TW. Whole System Measures. IHI Innovation Series white paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2007. (Available on [www.IHI.org](http://www.IHI.org))

# Acronyms

ALC	Alternate Level of Care	NP	Nurse Practitioner
ASD	Autism Spectrum Disorder	PCH	Prince County Hospital
COACH	Caring for Older Adults in the Community and at Home	PEI	Prince Edward Island
COVID-19	Coronavirus Disease of 2019	PSMS	Provincial Safety Management System
DHW	Department of Health and Wellness	QA	Quality Assurance
ELOS	Expected Length of Stay	QEH	Queen Elizabeth Hospital
ELT	Executive Leadership Team	QIT	Quality Improvement Team
EMR	Electronic Medical Record	RCM	Remote Client Monitoring
FTE	Full-time Equivalent	RN	Registered Nurse
HH	Hillsborough Hospital	ROP	Required Organizational Practices
HPPD	Hours of Care Per Patient Day	RT	Respiratory Therapy
HPRD	Hours Per Resident Day	SMART	Safe Moving and Repositioning Training
HR	Human Resources	SW	Social Worker
KCMH	Kings County Memorial Hospital	TeamSTEPPS	Team Strategies and Tools to Enhance Performance and Patient Safety
LPN	Licensed Practical Nurse	TLR	Transfer, Lift and Repositioning
LTC	Long-Term Care	TWIB	Time Waiting for In-patient Bed
MHA	Mental Health and Addictions	VCPCC	Virtual Care Project Coordination Centre
MSIP	Musculoskeletal Injury Prevention	WCB	Workers Compensation Board



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