Setting the Stage

An overview of Health PEI's current state.

Health PEI uses a strategic plan to ensure our efforts remain aligned with our mission (our purpose) and vision (our future direction). It is now time to develop a new strategic plan that will guide us through the next three years. Our strategic plan is influenced by a number of factors that determine the context in which Health PEI operates. To better understand these factors, we completed a current state analysis to inform the strategic planning process. The following evidence was reviewed as part of this work:

- General information about our health system including Health PEI's mandate, programs and services provided, financial and human resources, performance, progress on priorities and remaining challenges
- PEI demographic data, including age trends and other factors that impact the health status and service needs of Islanders, provincial government strategies, plans and frameworks Health PEI's strategic plan will need to align with
- Emerging issues, trends, and common priorities identified by other health care organizations across the country.

The information above was gathered from numerous sources including Statistics Canada, the Canadian Institute for Health Information, the Canadian Community Health Survey, PEI Chief Public Health Officer Reports, and internal Health PEI data.

The remainder of this report presents the findings of the current state analysis.

Our Health System

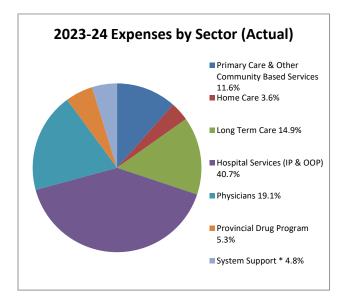
Developing a realistic and achievable strategic plan requires a thorough understanding of Health PEI's internal capabilities.

What is Health PEI?

Health PEI is an arm's length crown corporation responsible for planning, organizing, and delivering health care services in Prince Edward Island¹. The organization receives policy and strategic direction from the Department of Health and Wellness and is governed by a board of directors who report to the Minister². Health PEI operates programs and services across the province at hospitals, cancer treatment center locations, primary care networks (each with multiple sites), public long term care facilities, a palliative care center and multiple community-based service sites.

What resources do we have to provide these programs and services?

Health PEI employs 4,967 employees and is supported by 263 physicians³. The organization's 2023-2024 Expenditure Budget was \$957,691,100³. The information below highlights Health PEI's operations for the fiscal year ending March 31, 2024 and provides a breakdown of expenses by sector. Further details can be found in the financial section of the <u>2023-24 Health PEI Annual Report</u>.



*System support includes Finance, HIU, Corporate Services, and Chief Nursing & Professional Practice IP = In-Province / OOP = Out-of-Province

How well is Health PEI performing?

INDICATORS	PEI	Target	
What volume of care do we deliver?			
ED patient volumes (FY2023)	89,311	-	
Intensive Care Unit (ICU) total admits/ transfers in (FY2023)	1,462	-	
Emergency Department Mental Health Short Stay Unit Patient Visits (April – September 2024)	981	-	
Community Mental Health Referrals (FY2023)	4,661	_	
How well do we manage our workforce to ensure s	ufficient staffi	ng and an	
engaged team?		0	
Vacancy rate for FTE (FY2023-Q4)	19%	12%	
Overall engagement (Employee Engagement Survey 2023)	40.5%	63.56%	
How accessible are our services?			
Percentage of PEI residents aged 18 and older with access to	73%	83%	
a regular health provider ⁴			
Percentage of low acuity Emergency Department visits (FY2024)	42.2%	44%	
Hospitalization standardized rates (2022-2023) ⁵	7,647	7,000	
Joint Replacement Wait Times (patients receiving a hip or knee replacement within 6 months) ⁴	28%	62%	
Percent of cataract surgery patients treated within benchmark ⁶	21%	90%	
ED Time to Physician Initial Assessment (TIPA) for CTAS levels 1 to 3	5.92	3.5	
Hospital stay extended until home care services/ support ready ⁴	15	8	
Percent of ALC LOS (days)	27.2%	20%	

INDICATORS	PEI	Target
How accessible are our services?		
Urgent CT scan wait time (days) ⁷	21	14
Semi-urgent CT scan wait time (days) ⁷	68	28
Urgent MRI wait time (days) ⁸	34	14
Semi-urgent MRI wait time (days) ⁸	144	28
Urgent ultrasound wait time (days) ⁹	24	14
Semi-urgent ultrasound wait time (days) ⁹	98	28
What quality of care do we provide?		
Provincial Hospital Standardized Mortality Ratio (HSMR)	110	95
Provincial inpatients falls incidents per 1,000 patient days	5.01	<5
(FY2024)		
Inpatient medication/fluid incidents per 1,000 patient days	2.69	<5
(FY2024)		
Rate of home care client utilization of inpatient and ED	15	8
services		
Rate of LTC resident utilization of ED services	0.6	<2
Average length of stay in frail seniors' program for discharged	1.02	0.84*
clients (years)		
How effectively do patients flow through the syste	em?	
ED Time Waiting for Inpatient Bed (TWIB) (FY2024)	104.66	16
Average acute days over expected LOS	2.36	1

What progress have we made towards the priorities outlined in our last strategic plan (2021-2024)?

Steps were taken and progress made in all goal areas of the previous strategic plan. For detailed accomplishments, see the relevant year's <u>annual report</u>. Highlights include:

People

- Implemented workplace safety and employee wellness initiatives, programs, and policies
- Engaged with staff through employee engagement and pulse surveys
- Expanded recruitment and retention efforts for healthcare staff, added new professions and roles to the health system and expanded scopes of practice
- Successfully negotiated collective agreements with employee unions, approved the five-year Physician Services Agreement, and established the Provincial Nurse Practitioner Council

Quality and Safety

- Achieved accredited status and continued enhancing patient safety policies, infection prevention and control initiatives, ethics education and tabletop exercises
- Integrated patient and family-centered care in multiple areas, expanded patient engagement and conducted patient experience surveys across the system
- Introduced Mi'kmaq Health System Navigators, an MHA Gender Diversity, Equity and Inclusion Policy, and expanded French language services in long-term care and home-based care

Access and Coordination

• Launched 17 Patient Medical Homes and multiple Primary Care Access Clinics (PCACs) across the province, improving access to team-based care

- Continued development and implementation of the Mental Health and Addictions Campus and Master Programming with the creation of new positions and facilities, Open Access across Community MHA clinics, and the Emergency Department Short Stay Unit at QEH
- Expanded and transformed the Provincial Home-Based Care Program with the implementation of virtual home care visits through AlayaCare, and programs for medication assistance and self-managed care
- Enhanced Long Term Care through Remote Patient Monitoring (RPM) and models supporting NP-Physician collaboration
- Launched Midwifery services in 2024 and the first midwifery led births occurred
- Developed clinical pathways for Medical Assistance in Dying (MAiD) and education and assessment protocols for evolving patient needs
- Expanded provincial specialty programs including Nephrology, Obstetrics/Gynecology, and the Provincial Pain Clinic, and implemented Sexually Transmitted and Blood Borne Infections (STBI) walk-in clinics
- Released the PEI Cancer Action Plan 2023-2028 and enhanced cancer screening by introducing HPV testing as the primary cervical cancer screening method and implementing patient navigation supports for colorectal screening
- Established the Provincial Dental Care Program and introduced an online prenatal education option with Public Health Nursing to provide greater access to prenatal education
- Initiated acute care planning and redevelopment work with the renovation of key sites and established the Health PEI Critical Care Task Force to oversee provincial critical care program planning and development

Innovation and Efficiency

- Collaborated with ITSS and the Department of Health and Wellness on the expansion of virtual care, approved the Health PEI Virtual Care Policy, and launched the Provincial Specialty and Virtual Care (PSVC) Clinic.
- Advanced digital health initiatives including the Provincial EMR (Collaborative Health Record) and Prescribe IT and launched innovative platforms like Virtual Hallway
- Implemented a Provincial Patient Flow Model, developed new overcapacity and diversion policies to optimize hospital resources, and expanded PEI's Out-of-Province Medical Support Program
- Implemented the full AlayaCare system in Home-Based Care with InterRAI assessments, case management and electronic client and staff scheduling

System Transformation

Health PEI's Transformation Office (TO) was launched in early 2024-2025 to provide the additional capacity needed to accelerate organizational change and achieve excellence in health care delivery. The TO functions as a central unit that supports prioritization, management and decision-making for large-scale system priorities and projects. Current TO priorities are distributed over two phases of work and include:

Phase 1:

Workforce Recruitment

- Patient Medical Homes
- Patient Registry
- Learning Health System
- Organizational Capacity

Phase 2:

- Patient Medical Home Operating Model
- Workforce Integration and Planning
- Patient Access and Flow
- Surgical Backlog
- Diagnostic Imaging Backlog
- Operational Excellence
- Transformation Enablement
- Data and Analytics

To learn more about the transformation office, please visit the <u>staff resource center</u>.

What challenges does Health PEI currently face?

Despite our progress, challenges remain. The following are some of the most pressing challenges currently being faced by the organization:

- Health human resource recruitment and retention
- Reduction of services due to staff shortages (e.g., Emergency Department [ED] closures, changes to critical care, primary care provider retirements and departures)
- Alignment of health system resources (i.e., workforce and programs/services) with population needs
- Acute care bed management (i.e., overcapacity, high Alternate Level of Care (ALC) rate or a high proportion of patients occupying acute care beds who no longer require inpatient services)
- Acute care wait times (e.g., ED, surgery, diagnostic imaging)
- Provincial critical care planning and development
- Access to primary care
- Access to community-based services (e.g., Home-based Care, LTC, children with complex needs)
- Stability of access to out-of-province (OOP) specialist physician services
- System navigation challenges for patients/families
- Preparation of health system for Medical School
- Communication to all staff (i.e., ease and timeliness of information sharing across the system)

To learn more about our accomplishments and performance, please see the relevant year's <u>annual</u> <u>report</u>.

PEI at a Glance

To design a strategic plan that meets the needs of the Island community, we need to determine what those needs are by learning about the population we serve.

Who does Health PEI serve?

INDICATORS ¹⁰	PEI	Canada	
Population (2023)	173,787	-	
Population aged 65 and older (2023)	20.7%	18.9%	
Median age (2023)	42 years	40.6 years	
Life expectancy at birth (2015 to 2017)	81.7 years	81.6 years	
Median household income before tax (2020)	\$73,500	\$84,000	
Unemployment rate (2023)	7.3%	5.4%	
Foreign born residents (2021)	7.8%	-	

What is the health status of Islanders?

INDICATORS ^{11, 12, 13}	PEI (%)		Canada (%)	
	Males	Females	Males	Females
Overweight (2022)	33.4	28.4	39.8	29.5
Obese (2022)	31.6	41.1	30.0	30.1
Ischemic heart disease (age 20 and up)	7.1	3.7	8.8	5.3
Diabetes (2022)	12.4	6.6	9.4	7.4
Chronic obstructive pulmonary disease (2022-2023)	9.6	9.2	9.0	8.5
Hypertension (2022)	24.2	22.0	23.7	20.1
Mood disorders (2022)	6.9	12.8	8.9	14.4
Anxiety disorders (2022)	10.1	16.7	10.3	19.2
Incident rate per 100,000 population of all cancers (2017)	617	463	582	493
Daily smoking (2022)	20.7	8.5	10.9	8.6
Ever used e-cigarette or vaping device	33.4	9.8	22.3	15.8
Physically active (2022)	57.5	45.4	56.9	51.0
Fruit and vegetable consumption (2022, 12 years and older)	13.5	19.5	18.0	25.5
Heavy drinking (2022)	30.3	20.6	24.5	17.6
Cannabis use in past 12 months	41.4	24.8	27.2	20.1

For a more extensive summary on the health of islanders please see the <u>2021 Chief Public Health</u> <u>Officer's Report</u>.

What broader health system priorities should Health PEI's strategic plan align with? The provincial government's priorities for the health system include:

- Inclusive, quality care that is safe, person-centered, accessible and sustainable.
- Focus on Primary Care, and specifically Patient Medical Homes and Patient Medical Neighborhoods.
- Access to Care (community to acute care).
- Providing support to caregivers, patients and families including funding and respite

- Focus on human resources/ workforce (HHR) at all stages, from students to recruitment and retention.
- Focus on specific populations including patients without a primary care provider, seniors and other vulnerable groups such as children, low-income Islanders, and people experiencing homelessness.
- Addressing inequity both inside and outside the health system to support Islanders' health (e.g. programs to support medication access, access to dental care, primary care, food inequity)
- Use of technology such as virtual care, electronic health record, and remote patient monitoring to support access to care for patients, and to streamline information sharing and continuity of care.

Current Trends in Health Care

To ensure our strategic plan is adaptable to evolving conditions, we need to understand emerging trends.

What trends are affecting health care organizations across the country?

The same challenges experienced by Prince Edward Island's health system are also experienced across the country. Emerging trends include:

- Focus on improving access, quality, and equity in healthcare services across the continuum (e.g., primary care, mental health, home care, palliative care, long term care, sexual/ reproductive health services, oral healthcare, surgical services).
- Emphasis on workforce recruitment and retention.
- Adoption of team-based care models.
- Health promotion and health literacy.
- Expansion of publicly funded, privately delivered healthcare and intersectoral collaboration.
- Policy changes supporting pharmacare and dental care.
- Persistent challenges from COVID-19, including mental health and long-term care.
- Rising costs of living, inflation and health care spending.
- Funding needs for modernization, virtual care adoption, and interoperable data systems.
- Addressing inequities in healthcare for vulnerable populations (e.g., rural, Indigenous, seniors)
- Public health concerns like obesity and the aging population.
- Increased immigration and the need for culturally responsive care.
- Advancements in digital health, Artificial Intelligence (AI), and personalized health information access.
- Increased reliance on technology by healthcare providers.
- Climate change adaptation and emission reduction in healthcare.
- Legislative updates for system interoperability to address toxic drug supplies and ensure safe long-term care.

Next Steps

What is your role?

At Health PEI, we recognize the value and the need for continual connection and engagement with the many people who provide and receive our services. For that reason, apart from the factors considered above, our strategic plan is also influenced by the information generated through engagement activities. The next step in the strategic planning process will gather input from staff, physicians, leadership, members of the public, patients and the community. Ideas will be gathered from those interested through facilitated sessions (e.g. focus groups), written submissions and online surveys. This engagement will help us translate your needs into the organizational goals we will strive toward in the coming years.

What happens next?

At the end of this process, analysis of the information gathered will guide the development of a draft strategic plan. Health PEI's Executive Leadership Team and Board of Directors will work collaboratively to review and revise this draft. Once finalized, the strategic plan will be presented to the Department of Health and Wellness for approval in the spring of 2025.

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¹³ Statistics Canada (2024). *Canadian Chronic Disease Surveillance System 2024*. Retrieved from https://health-infobase.canada.ca/ccdss/data-tool/