

Building and Accelerating Implementation at Health PEI

Transformation Office Final Report

November 15, 2024

Health PEI



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Project Overview

Health PEI

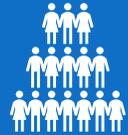
Phase 1 Impact Summary

In Phase 1, we set the stage and built momentum to drive HPEI's transformation.



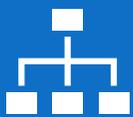
Set Up the Foundations

Developed the structure and processes to guide the transformation journey. Developed and mobilized six workstream plans.



Built Capacity

Brought on board seven resources to lead this transformation across the HPEI Transformation Office and workstreams.



Fostered Collaboration & Transparency

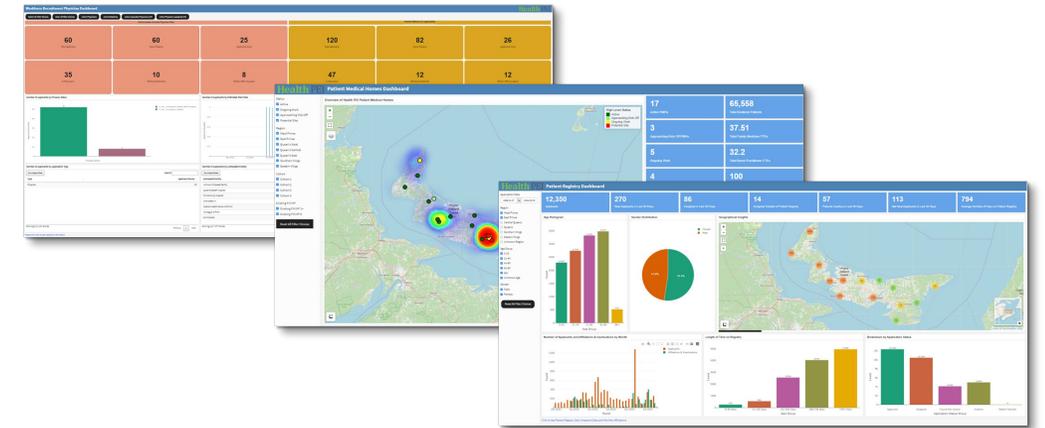
Built the appropriate governance and communications mechanisms to ensure accountability and share progress of the transformation.



Enabled Data-Driven Insight

Developed dashboards for three workstreams to support monitoring of progress across transformation initiatives.

Workstream Dashboards



Workstream Support



Workstream: Transformation Office																																
Current Reporting Period:	Sep 11 - Sep 17	Health PEI Workstream Lead:	Angela Yan Gail	Admin(s):	HIA																											
Next Reporting Period:	Sep 18 - Sep 24	KPMG Workstream Lead:	Caroleen Campbell and Valeria Chelariu	Team Member(s):	Konstantina Kollas, Hugh McDonough																											
Week 4:	Week 5:	Week 6:	Week 7:	Week 8:	Week 9:	Week 10:	Week 11:	Week 12:	Week 13:	Week 14:	Week 15:																					
Jul 8 - 12:	Jul 15 - 19:	Jul 22 - 26:	Jul 29 - Aug 2:	Aug 5 - 9:	Aug 12 - 16:	Aug 19 - 23:	Aug 26 - 30:	Sep 2 - 6:	Sep 9 - 13:	Sep 16 - 20:	Sep 23 - 27:																					
Achievements - Current Reporting Period						Future Activities - Next Reporting Period																										
<ul style="list-style-type: none"> Supported development of HPEI insights update for the week of Sep 16* 						<ul style="list-style-type: none"> Support development of communication materials as required, including CEO memo for the week of Sep 23* Develop materials for Sep 23rd Transformation Forum Develop materials for Sep 25th Standing Committee Transformation Update 																										
<ul style="list-style-type: none"> New Workstreams: <ul style="list-style-type: none"> Scheduled Diagnostic Workshops for DI and Surgical Backlog, Medical Leadership, and Patient Flow Follow Up Conducted Diagnostic Workshops for Surgical Backlog and Medical Leadership Future workstreams 						<ul style="list-style-type: none"> New Workstreams: <ul style="list-style-type: none"> Conduct Diagnostic Workshops for the DI Backlog, and Patient Flow future workstreams 																										
<ul style="list-style-type: none"> Project Management: <ul style="list-style-type: none"> Supported planning and material development for Pulse Checks 						<ul style="list-style-type: none"> Project Management: <ul style="list-style-type: none"> Provide ongoing project management support and status reporting 																										
<table border="1"> <thead> <tr> <th>Initiatives</th> <th>Planned</th> <th>Period</th> <th>Status</th> <th>List of Newly Identified Risks, Issues, Decisions or Changes</th> </tr> </thead> <tbody> <tr> <td>Communication Schedule</td> <td>Jul 12</td> <td>HIA</td> <td>Complete</td> <td>#</td> </tr> <tr> <td>Transformation Roadmap</td> <td>Jul 19</td> <td>HIA</td> <td>Complete</td> <td>1</td> </tr> <tr> <td>Pulse Check Materials</td> <td>Jul 31</td> <td>HIA</td> <td>Complete</td> <td>HIA</td> </tr> </tbody> </table>													Initiatives	Planned	Period	Status	List of Newly Identified Risks, Issues, Decisions or Changes	Communication Schedule	Jul 12	HIA	Complete	#	Transformation Roadmap	Jul 19	HIA	Complete	1	Pulse Check Materials	Jul 31	HIA	Complete	HIA
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Transformation Roadmap	Jul 19	HIA	Complete	1																												
Pulse Check Materials	Jul 31	HIA	Complete	HIA																												
<p>On Track <input checked="" type="checkbox"/> Schedule <input type="checkbox"/> Issues <input type="checkbox"/> Complete <input checked="" type="checkbox"/></p>																																

Phase 1 Accomplishments

	Patient Registry	Workforce Recruitment	PMH Operating Model	Medical School Learning Support	Transformation Office	Organizational Capacity
Phase 1 Objective	<ul style="list-style-type: none"> Improve data quality, provide improved access to care, and develop a clear path to affiliation to PMH's 	<ul style="list-style-type: none"> Streamline recruitment, clarify responsibilities and roles, and identify process improvements 	<ul style="list-style-type: none"> Develop a replicable approach to support the expansion of PMHs and improve access to care 	<ul style="list-style-type: none"> Improve capacity to accept, train, and retain medical education undergraduates and post-graduates 	<ul style="list-style-type: none"> Build internal capacity to ensure long-term sustainability and provide the necessary tools to replicate processes 	<ul style="list-style-type: none"> Improve organizational structure, streamline functions, and build capacity
Key Accomplishments	<ul style="list-style-type: none"> ✓ 4713 entries removed from registry since early July, and up to 18% could be removed once validated ✓ Developed dashboard to support targeted reduction of registry ✓ Evaluating modernized registry solutions 	<ul style="list-style-type: none"> ✓ Implemented new interim Physician hiring process (49 to 11 steps) ✓ Established a cross-org team meeting daily to implement quick-wins and accelerate physician recruitment ✓ Redesigned physician recruitment process ✓ Redesigned Allied Health, Nursing and Support Staff recruitment process ✓ Developed interim Applicant Tracker solution ✓ Developed PMH recruitment plan 	<ul style="list-style-type: none"> ✓ Developed and validated a PMH master tracker (centralizes various data sources) ✓ Developed draft PMH Standard Operating Model ✓ Developed Implementation Playbook and Provincial Plan to guide the establishment of new PMHs ✓ Identified opportunities to increase patient affiliation at active PMHs depending on staffing 	<ul style="list-style-type: none"> ✓ Convened leaders from Health PEI and UPEI to facilitate workshops focused on the current state of medical education in PEI, the vision for the future, and the critical path to opening the med school ✓ Developed Current State & Visioning Report ✓ Supported the establishment of the HPEI/UPEI Liaison Committee ✓ Developed Critical Path and Program Monitoring Report 	<ul style="list-style-type: none"> ✓ Established structured forum to monitor progress across transformation goals ✓ Solidified governance, roles and responsibilities ✓ Identified training and capability building opportunities to establish a robust and empowered TO ✓ Established communications and change management plan 	<ul style="list-style-type: none"> ✓ Confirmed Health PEI's capacity gaps and opportunities to address ✓ Analyzed findings according to best practice research ✓ Began prioritizing and designing initiatives with ELT to build capacity



**Phase 1 Workstream
Summaries**

Health PEI

Workstream Description

The Patient Registry (PR) workstream focused on conducting a review of the patient registry to identify opportunities for improvement so that patients can be more effectively and efficiently assigned to a Most Responsible Provider (MRP) while improving transparency and data quality.

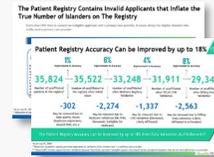
Key Accomplishments

- ✓ Conducted workshops to **identify current registry pain points**, challenges, and opportunities
- ✓ Constructed a PR Performance Dashboard to **inform PPR stakeholders** of key registry metrics
- ✓ **Provide clear guidelines** for key stakeholders to work towards the PPR's intended purpose
- ✓ Outlined the **key process enhancements** to the PPR's end-to-end workflows
- ✓ Outlined the data collection points and key technology to be **leveraged by the future PPR**
- ✓ **Conducted a jurisdiction scan** by benchmarking five other patient registry's' application process

Deliverables

Data Cleanup Validation

Based on the initial data cleanup conducted, the team identified 6,476 patient records to be investigated for removal from the (Provincial Patient Registry) PPR.



Current State Assessment

The team consolidated 27 pain points across PPR's current state policy, process, technology and data to inform future state recommendations.



Future State Recommendations (Policy, Process, Data, Technology)

The team proposed 17 future state recommendations outlining both short and long term solutions to drive the PPR transformation.



Jurisdiction Scan

A jurisdictional scan was conducted to exam other patient registry's application process, data elements collected and technology stack used in 5 other Canadian provinces (BC, NS, NL, NB, AB).



ITSS Intake Form

A high-level implementation roadmap was provided for the selection of a modernized PPR solution, including an outline of requirements for a modern CRM solution.



Potential Next Steps

1. Detailed requirements gathering and solution design (agnostic)
2. Support clean-up of current panels and further cleansing of records on registry
3. Address policy gaps and clarify affiliation grey areas
4. Implementation of modernized patient registry functionality to realize automation opportunities and process improvements

Deliverable Deep Dive

Data Validation Review

Purpose: To validate initial data cleanup results with Health PEI’s Health Information Specialist.

Executive Summary: At the beginning of the project, the team conducted a thorough cleanup of patient application data within the Health PEI Provincial Patient Registry (PPR). An initial set of applicants, potentially ineligible for the PPR or already affiliated with a Most Responsible Provider (MRP), was identified. This cleanup was performed by analyzing data from various patient record sources, revealing critical insights into data inaccuracies across Health PEI systems.

Key Outcomes / Findings / Recommendations

- The team identified 6,476 records, representing 18% of the total records in the PPR at the time, which could potentially be removed subject to further validation
- Through identification and verification of these patient records, the PPR can accelerate primary care access, reduce strain on organizational resources, and enhance the overall efficiency of the PPR’s operations.

The Patient Registry Contains Invalid Applicants that Inflate the True Number of Islanders on The Registry

Every time HPEI tries to connect an ineligible applicant with a primary care provider, it causes delay for eligible islanders who really need a primary care provider.

We have identified 6,476 Records (18%) in the Patient Registry* that may be oppo

PARIS Improvements

Inputting information to PARIS is a manual process for applicants via a web form, which generates a PDF and is manually inputted to PARIS by a Registry clerk. The lack of integration with other sources of truth and data validation mechanisms create the opportunity for data quality to become compromised.

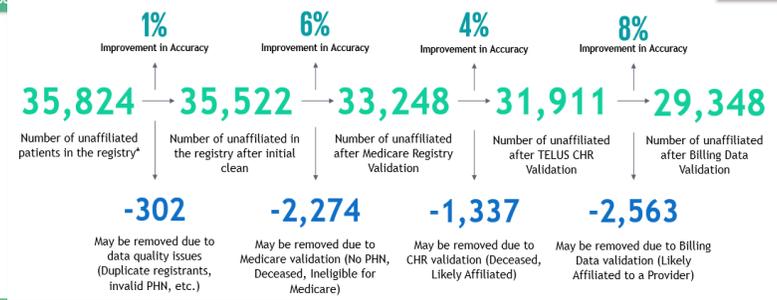
Medicare Registry Validations

Leveraging the Medicare Registry as a source of truth for Patient Health Numbers, it provided the ability to validate who on the Registry had a valid PHN. The source also provided the opportunity to determine applicants with a Working Visa, deceased applicants, and applicants no longer eligible for Medicare.

TELUS CHR Validations

The TELUS CHR data provided insight into the provincial EMR system, and allowed the determination of who is affiliated to a Primary Care Provider based on an attached Patient’s Primary Practitioner. The gap with the TELUS CHR Data is that ~90% of providers use the system, so we needed an additional source.

Patient Registry Accuracy Can be Improved by up to 18%



The Patient Registry Accuracy can be Improved by up to 18% from Data Validation (6,476 Records)*.

*As of July 22, 2024
 ** Reduction of patient registry partially dependent on validation from resident and / or primary care provider.

*As of July 22, 2024
 ** Reduction of patient registry partially dependent on validation from resident and / or primary care provider.
 *** These 6,476 records require further validation because they likely represent ineligible people who should not be considered Islanders that do not have affiliation to a provider.

Deliverable Deep Dive

Current State Assessment

Purpose: To gain an understanding of the challenges associated with the PPR in the current state, and begin to hypothesize future opportunities.

Executive Summary: Utilizing information gathered from stakeholder interviews and workshops, the team conducted a comprehensive assessment of the PPR’s current state. This assessment included evaluating the existing PPR policy and process for affiliated unaffiliated patients, and an assessment of organizational needs for digital tools in patient management. 27 distinct pain points were identified in the current state, and the team provided an initial high-level overview of opportunities for advancement across the PPR.

Key Outcomes / Findings / Recommendations

- The absence of a clear policy scope for the PPR complicates the patient-to-MRP assignment process, leading to an inflated number of unattached patients and delays in assigning patient to primary care.
- The current manual processes create administrative strain, increasing the likelihood of data management errors and reducing time available for employees to engage in higher-value activities.
- The limited data validation procedures and lack of automation reduces data accuracy across the PPR systems and databases.

Executive Summary

Our Understanding
What we have learned so far

Policy

- The absence of a well-defined policy scope creates ambiguity regarding the appropriate timing and eligibility to enroll in the PPR, resulting in inconsistent management of situations such as practice closures and retirements.
- The current usage of the PPR extends beyond its original purpose, leading to an overinflation of demand for primary care services.
- Inconsistent assignment criteria among MRPs causes ambiguity and lead to varying patient experiences, complicating the PPR-to-MRP process.

Process

- The PPR should serve as the primary gateway for patients to become affiliated with a MRP. However, existing patients are resorting to alternative channels for attachments.
- The current workflow relies heavily on manual workarounds, leading to time-consuming processes, increased error risks, and administrative burdens across the end-to-end affiliation process.
- Recurring activities like patient follow-up, data cleanup, and reporting are labor-intensive, inefficient, and prone to inaccuracies due to lack of automation.

Tech & Data

- The lack of data validation, standardized maintenance, and integration leads to inaccurate, inconsistent, outdated, and duplicate data, undermining the reliability of the PPR.
- Manual data entry and the absence of integration between registration forms, PARIS, and the Client Registry create significant administrative bottlenecks, increasing the risk of errors and inconsistencies.
- The lack of a single source of truth for unaffiliated patients, especially due to reliance on non-digital systems by some MRPs, complicates the data cleanup process.

Impact
How it is impacting the registry

Our Objectives

The work of this stream will focus on reviewing the existing Provincial Patient Registry (PPR) for unattached patients in the province. It will include a review of the supporting policies, processes, and technology that supports affiliation to a Most Responsible Provider (MRP). The objective of this workstream is to identify opportunities for improvement so that patients can be more effectively and efficiently assigned to a MRP while improving transparency and data quality.

Patient Registry Transformation Objectives

Streamline transition for patients from the PPR to MRPs

Improve transparency for patients as they are assigned to MRPs

Better understand and project demand for primary care that supports long-term planning

Program Outcomes

Data Quality Improvements

Enhance the quality, reliability, and accuracy of patient data to ensure that the PPR serves as the source of truth for unattached patients across PEI.

Process Optimization

Identify opportunities to enhance current processes to better fit the PPR's purposes, taking into account why patients are accessing the PPR and identifying the right steps to manage them.

Modernization and Automation

Explore new technologies that streamline manual tasks related to PPR management, enabling PPR staff to dedicate their time to higher value activities.

Clearer Policy

Recommend new policies and procedures to more accurately reflect the reasons why patients today are accessing the PPR and why they need access to Primary Care, especially through virtual services like Haple.

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Deliverable Deep Dive

Future State Recommendations

Purpose: To provide detailed recommendations that guide the design of an optimal future state for the PPR.

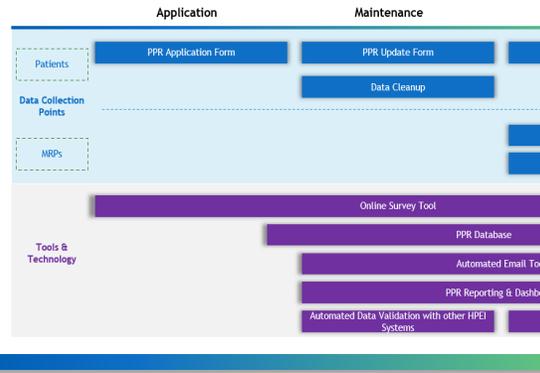
Executive Summary: The future state recommendations for Health PEI’s PPR have been categorized into three distinct areas: Policy, Process, and Data & Technology. Through workshops conducted with key stakeholders and a review of best practices for patient management and data capture, the team compiled a thorough list of 17 recommendations. These recommendations pertain to updates to the PPR policy, the development of comprehensive end-to-end process workflows, and a vision for the optimal future state technology stack for the PPR.

Key Outcomes / Findings / Recommendations

- **Policy:** The PPR policy has been revised to clearly define patient eligibility, establish communication protocols, and outline stakeholder roles and responsibilities.
- **Process:** The process redesign aims to expedite patient access to primary care by automating manual procedures, gathering supplemental patient data, a comprehensive communication strategy, and monitoring of PMH capacity.
- **Data & Technology:** Data quality across systems will be enhanced through strict validation protocols, automated data flow between systems, and the establishment of a common source of truth for unaffiliated patient data.

PPR Future State Data & Technology Landscape

The PPR's future state will involve the implementation and optimization of multiple data collection points, data management tools and technologies to effectively collect, store, and utilize data.



Vision for the Future of the PPR’s Policy

We believe Health PEI should implement the following policy recommendations to facilitate the transformation of their PPR. Some changes are quick wins that can be implemented into Health PEI today, while others require greater degrees of consultation and alignment with stakeholders and should be structured as long term initiatives.

PPR Policy Today	Quick Wins	Long Term Recommendations
<p>There is a lack of clear guidelines informing who is eligible for the PPR, and when they are eligible to sign up.</p>	<p>Develop flexible future state policy to accommodate updates</p>	<p>Clear approval and denial definitions to facilitate assignment transparency</p>
<p>Some patients who do not need primary care access, such as temporary foreign workers looking for Maple access and affiliated patients looking to switch MRPs, are entering the PPR</p>	<p>Clearly define patient eligibility for the PPR to reduce ambiguity</p>	<p>Establish a separate mechanism to address other affiliation needs</p>
<p>There are inconsistent guidelines and standards informing how patients are assigned from the PPR into a MRP's panel or PWH</p>	<p>Outline eligibility timelines and communication protocols to maintain PPR data quality</p> <p>Update key definitions to facilitate accurate patient classification</p>	<p>Consider a hybrid assignment model between FIFO and needs-based triage</p>
	<p>Clearly define roles and responsibilities to ensure accountability</p>	

Deliverable Deep Dive

Jurisdiction Scan

Purpose: To examine the PPR equivalents from other jurisdictions, gathering insights to inform the final recommendations provided.

Executive Summary: To inform the transformation of the PPR into a system that effectively ensures access to primary care for all residents of PEI, a jurisdictional scan was conducted. This involved the analysis of similar systems in 5 other provinces (British Columbia, Nova Scotia, Newfoundland and Labrador, New Brunswick, and Alberta). The insights gained from each system serve to inform the design and requirements of Health PEI’s future state PPR form.

Key Outcomes / Findings / Recommendations

- The team gathered patient eligibility requirements, data elements collected, and validations utilized from each of the provinces analyzed to inform the design of Health PEI’s future state PPR form.
- The team outlined a success story from British Columbia’s patient registry transformation to showcase the impacts of the proposed future state PPR enhancement recommendations.

Jurisdictional Scan Overview

To inform the transformation of Health PEI's PPR into a system that effectively meets its goals of providing access to primary care for all residents of PEI, a jurisdictional scan was conducted to evaluate similar systems in other provinces. The research from each form will serve for Health PEI's future state PPR registration form. The document aims to accomplish the following key objectives.

The Jurisdictional Scan will review the means used by patients to become affiliated with MRPs from 5 other Canadian provinces and generate ideas to influence Health PEI's PPR form in the future state, as well as the technology. The jurisdictions to be reviewed are as follows:

Summary of Information Gathered

The jurisdictional scan entailed a comprehensive review of the forms and mechanisms used by patients to become affiliated with an MRP in 5 provinces. The scan captured information from each form's landing page, frequently asked questions section, registration form, and any other relevant mechanisms. Some key insights extracted from each registration form that can be implemented by Health PEI are outlined below:

British Columbia Health Connect Registry	Nova Scotia "Need a Family Practice" Registry	Patient Connect NL	NB Health Link	Alberta Find a Doctor
<p>Health Card Validation Data field validation protocol is used to verify that health card numbers are valid and not already in the Registry or a provider's panel.</p> <p>Address Validation Data field validation protocol is used to verify that the address is in BC.</p> <p>Communication Preference Patients will be asked if they prefer to be communicated with by email, phone call, or SMS text.</p> <p>Reasons for Registration Provides a list of valid reasons for patient to select from outlining why they are registering.</p>	<p>Address Validation Data field validation protocol is used to verify that the address is in Nova Scotia.</p> <p>Sex and Preferred Pronouns Captures the patient's sex and (optionally) their preferred pronouns.</p> <p>Reasons for Registration Provides a list of valid reasons for patient to select from outlining why they are registering.</p>	<p>Reasons for Registration Provides a list of valid reasons for patient to select from outlining why they are registering.</p>	<p>Communication Preference Patients will be asked if they prefer to be communicated with by email, phone call, or SMS text.</p> <p>Sex and Preferred Pronouns Captures the patient's sex and (optionally) their preferred pronouns.</p>	<p>Address Validation Data field validation protocol is used to verify that the address is in Alberta.</p> <p>Communication Preference Patients will be asked if they prefer to be communicated with by email, phone call, or SMS text.</p> <p>Reasons for Registration Provides a list of valid reasons for patient to select from outlining why they are registering.</p>

Deliverable Deep Dive

ITSS Intake Form

Purpose: To develop a high-level workplan that will guide Health PEI through the implementation of recommendations in the future state.

Executive Summary: The team constructed an illustrative strategy for implementing the proposed PPR solution. Utilizing feedback collected from key PPR stakeholders throughout the current state assessment, information gathered from the jurisdictional scan of other provinces, and the future state recommendations for the PPR’s policy, process, and data & technology, the team formulated a final recommendation of leveraging a modern CRM platform to replace the current PPR. The team recommends initiating the ITSS process to select a solution to support the modernized patient registry functionality, and, in parallel, conducting a more detailed requirements gathering exercise for broader CRM and patient engagement functionality.

Key Outcomes / Findings / Recommendations

- A comprehensive list of 57 requirements was identified across eight focus areas: Application, Management, Assignment, Patient and MRP Engagement, Business Intelligence, Integrations and Interoperability, Privacy and Security, and System.
- A phased implementation plan was developed encompassing project management, solution design, solution construction, testing & deployment, and post-deployment evolution.
- Key risks and mitigation strategies were identified for the modernization initiatives.

Background

The Provincial Patient Registry (PPR) serves as a tool to help unaffiliated patients get attached to MRPs. It caters to those who do not currently have a Most Responsible Provider (MRP), have moved within the province, or are expecting a baby and require prenatal care. At the same time the PPR assists interested MRPs with more orderly practice.

Introduced to its residents in early 2000, it consist match people to family doctors as spots opened, almost 5,000, and then by 2018 it has risen to app that Health PEI reported that for every person ass to the PPR.

In 2021, the PPR saw its greatest increase since its under 15,000 registered, by the close of the year, increase. The following year, growth slowed to a l experienced yet another spike in registrants, also PPR over 35,000 for the first time.

Identified as an area of concern for its residents, p provincial election campaign committed to signifit PPR. In March 2024, Health PEI welcomed its new reducing the PPR is a priority for both the Premier priority for Health PEI. Through modernizing the i the efficiency of the patient medical home model, demand for primary care services in the province.

Starting July 2024, KPMG is engaged to review the landscape, as well as identifying best practices for from the PPR to an MRP that is best suited to mee thorough assessment of the current state of the ri gaps, and opportunities, leading to the identificat registry's technological advancement journey. Adc illustrative strategy for implementing the propose experience and industry best practices with comp

Recommended Implementation Plan

High Level Approach

Below, we have provided a suggested timeline and approach for modernizing the current patient registry. It should be noted that a similar approach can be taken for the broader CRM system, but that estimated timelines are not able to be provided until requirements are collected.

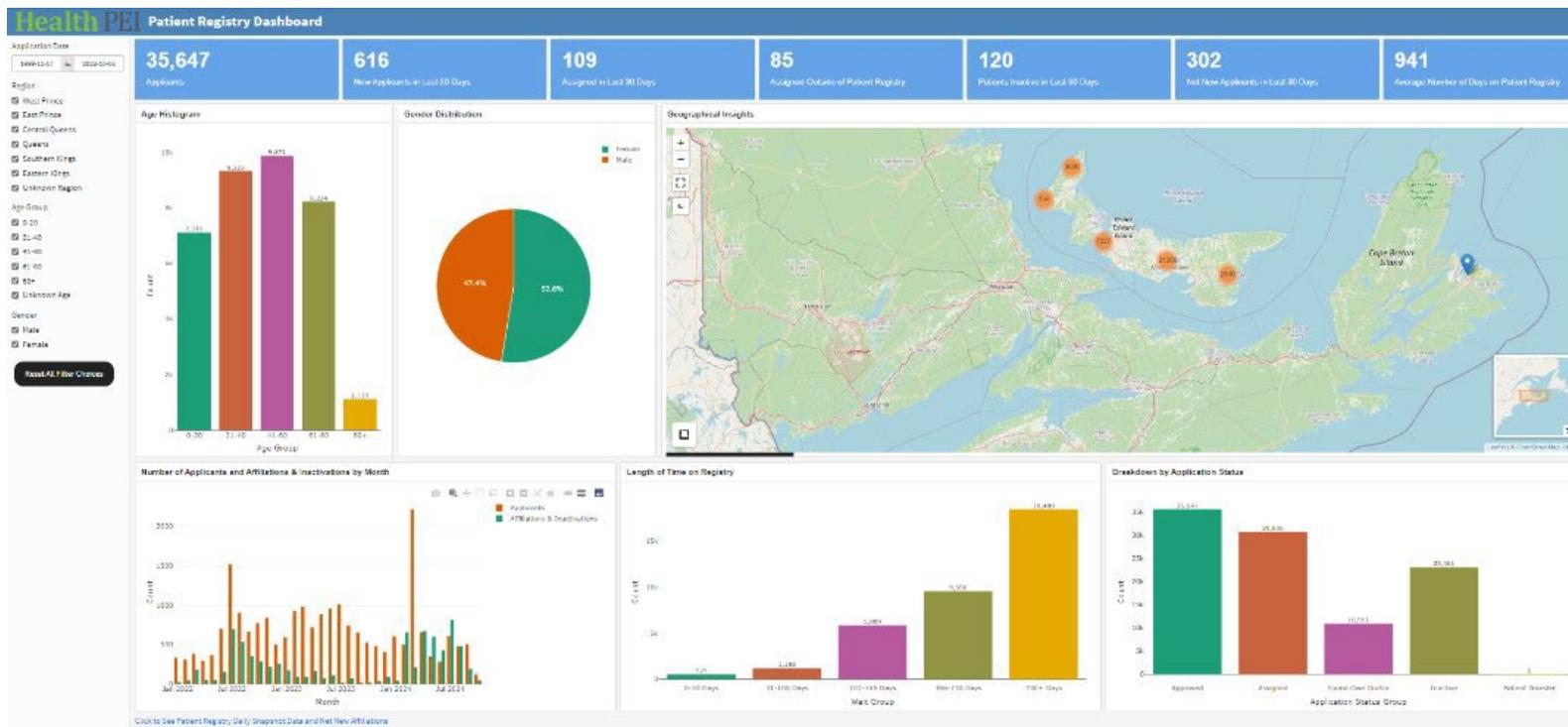
This implementation approach consists of several key stages that reflect the standard phases of a waterfall-based implementation effort and blends that with elements of Agile, includes an iterative approach to development, which results in a Hybrid Agile Methodology. With Hybrid Agile, requirements are gathered, and the solution is designed upfront, which is then iteratively developed and implemented, allowing stakeholders to see the outputs as it is being developed. We recommend the development of the solution in sprints, each of which ends with a demonstration to HPEI's business subject matter experts. This allows the collection of feedback and course corrections if necessary. The phases of the overall approach have several key activities that typically take place and a set of deliverables that are typically delivered.

Patient Registry Performance Dashboard

Objective: A current dashboard to understand the demographics of individuals on the registry to support matching to patient medical homes, prioritize development of primary access and outreach initiatives.

Data Driven Takeaways:

1. As of October 7th, there are 35,647 active applicants in the Patient Registry.
2. 50% of active applicants have been active on the registry for over 2 years. (941 day average length on Registry).
3. Over the last 30 days, we have cleaned-up 120 applicants, assigned 109, and confirmed 85 found their own provider. (314 total removed).
4. 55% of all active applicants indicated they wanted primary care in Queens, while East Prince is the second highest region at 22% of active applicants.



Information accurate as of End of Day October 7, 2024

*Limitations: The PARIS Database is the sole source of data for this dashboard.

Workstream Description

The workstream aimed to streamline the recruitment process for Physicians, Nurses, Allied Health professionals, and Support Staff to accelerate hiring for PMHs. After the release of the Physician Services Agreement (PSA), the objectives expanded to include supporting integrating and establishing a new Recruitment Team within HPEI. In pursuit of these goals, additional organizational design work, leadership, and resourcing capacity were provided.

Key Accomplishments

- ✓ Streamlined current physician intake process (from point of job posting to signed letter of offer) from 49 steps to 11 steps
- ✓ Established and led daily Command Table
- ✓ Conducted a series of stakeholder engagement sessions to map current and future process for Physicians and Non-Physicians
- ✓ Developed consolidated process for tracking and monitoring key recruitment metrics
- ✓ Initiated consolidation of DHW & HPEI physician recruitment teams
- ✓ Prepared new applicant tracker for improved data quality and accuracy

Deliverables

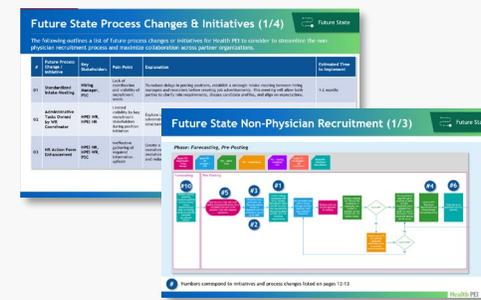
Current/Future State Process for Physicians

Developed a future state process to streamline Physician recruitment based on improvement opportunities identified in workshops and interviews.



Current/Future State Process for Non-Physicians

Developed a future state process for all non-physician recruitment, evolving from PMH focus, through opportunities identified in current state workshops.



Patient Medical Home Recruitment Plan

Developed a recruitment plan with hiring forecasts and key initiatives to guide recruitment activity for PMHs.



Potential Next Steps

1. Support the go-live of a new unified workforce recruitment team by Jan 1, 2025.
2. Implement workforce integration and change management plan to ensure a smooth workforce transition and to minimize resistance and disruption for affected staff and recruitment operations.
3. Develop communication plan to update all key stakeholders in a consistent and timely manner to effectively align new processes, structure, and way of working.

Organizational Redesign Deep Dive

Organizational Redesign

Purpose: To align with the needs of the health system, work was completed to develop a future state Workforce Recruitment function within HPEI, improving efficiency and effectiveness of recruitment activity, simplified processes, and clarified roles and responsibilities.

Executive Summary: An organizational redesign exercise was undertaken to align the Workforce Recruitment function and structure to the needs of the organization and health system. A review of recruitment activity was completed to understand the roles and responsibilities across different teams, departments and organizations. A roadmap was developed, outlining key activities to achieve a unified Recruitment team, with guiding principles focused on efficiency, accountability, and integration. The future state structure was informed by stakeholder input, approved by senior HR leaders, and presented to the Minister.

Key Outcomes / Findings / Recommendations

- Conducted **current state review** of roles and responsibilities across health system recruitment.
- Developed a **roadmap of critical activities** to achieve a **unified Recruitment team**.
- Conducted two workshops with **staff to inform design**.
- **Identified key themes and leading practices to guide development of future structure:** including differentiation between candidate sourcing and requisition management and improving data analytics capabilities.
- **Future state structure** presented and approved by HPEI CEO and Deputy Minister, Health and Wellness, subsequently presented to Minister with sign-off for workforce transition.

Recruitment Transformation Roadmap

Strategic Alignment and Visioning (July - September 2024)

Operational Integration and Process Harmonization (September - November 2024)

Unification and Change Management (October 2024 - January 2025)

Team Integration Alignment:

- 01 Collaboratively design future state recruitment function and organizational structure
- 02 Classification of new team roles
- 03 Option being considered is to

Integration Activity:

- 01 Collaboratively design future state recruitment function and organizational structure
- 02 Classification of new team roles
- 03 Option being considered is to

Critical Enablers:

- Labour Relations
- Workforce Transition Plan
 - Communications
 - Change Management
 - Organization Development

Guiding principles future state design - discussion

<p>Efficiency & Simplicity</p>	Streamline processes and organizational layers to enhance operational efficiency and reduce complexity
<p>Clear Accountability and Authority</p>	Define roles, responsibilities, and reporting lines clearly to promote accountability and effective decision-making
<p>Integration & Coordination</p>	Facilitate seamless integration and coordination across different teams to avoid silos and enhance collaboration
<p>Performance Metrics & Accountability</p>	Establish clear metrics for measuring performance and accountability at all levels to ensure alignment with strategy

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Existing Organizational Structures

DRAFT FOR DISCUSSION

Medical Affairs - HPEI | Talent Acquisition - HPEI | DHW | Human Resources - HPEI

Key Opportunities

DRAFT FOR DISCUSSION

- 01 | Sourcing vs. Recruiting: Differentiate between candidate sourcing and pipeline generation versus managing recruitment competitors.
- 02 | Strategic Business Partnering: Recruiters align with specific job families/professions, building relationships to proactively address resourcing needs.
- 03 | Recruitment Pods: Transition from an individual as single POC to a pod (Coordinator, Sourcer, and Recruiter) ensuring accountability and coverage.
- 04 | Metrics and Reporting: Focus on improving data analytics capabilities to provide real-time metrics and support informed decision-making.
- 05 | Embedding DEI: Champion diverse talent sourcing and create accessible and inclusive recruitment processes. Desire for team upskilling and enablement.
- 06 | Strategic Workforce Planning: Anticipate future staffing needs, aligning workforce with organizational and government goals.
- 07 | Employer Brand Marketing: Expand employer branding efforts and capacity to support targeted recruitment, clearly communicating the EVP.
- 08 | High-Performing Team: Leverage the strong interest in becoming a high-performing team by setting clear expectations and fostering accountability.

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Deliverable Deep Dive

Current/Future State Process for Physicians

Purpose: The Future State Process for Physicians, has been developed as a resource for the HPEI HR team to strategically streamline the recruitment process and enhance collaboration with partners including PSC and DHW.

Executive Summary: Based on 2 stakeholder workshops and over 12 interviews, a Future State Process for Physicians has been developed to maximize a white-glove experience for candidates and streamline recruitment of Physicians. This resource provides a guide for target state recruitment activities and strategic initiatives to improve the recruitment process. The Future State described in this document is a critical path and will continue to be refined and will be positioned for continuous improvement as the Recruitment team evolves.

Key Outcomes / Findings / Recommendations

- Based on facilitation of stakeholder workshops, identified **pain points, quick wins, and long-term opportunities** in the recruitment process including increased oversight and accountability for candidates and strategic and active outreach.
- Developed a **Future State Process** streamlining the current physician intake process (from point of job posting to signed letter of offer) from **49 steps to 11 steps**.
- Conducted **over 30 command tables** with **17 unique stakeholders** to facilitate implementation of short term improvement opportunities in preparation for **PSA launch**.

Document Overview

This Future State Physician document provides an overview of proposed process changes and initiatives to streamline recruitment activities and increase collaboration across Health PEI and PSC.

Session	Date	Topic of Focus
Physician Current State Validation 1:1 Interviews	July 2024	Conducted 1:1 interviews to validate current state Physician recruitment process and identify improvement opportunities.
Physician Current State Workshop	July 24th, 2024	Validated recruitment processes, received clarity on roles, and short-term and long-term opportunities.
PSA Readiness Workshops	August 28th, 2024	Validated the current-state process, redesigned the future-state process and identified immediate action plans to implement identified changes.

Future State Short-Term Implementation

Command Tables were conducted from August 13th to October 3rd to quickly address pain points and implement quick-wins identified in future state Physician workshop to support the implementation of the PSA.

In the future state Physician workshop, participants successfully streamlined the recruitment process and identified short-term implementation opportunities. The command table served as a key touchpoint for monitoring changes and assessing risks throughout the implementation of the new process.

Stakeholder Collaboration	Tools Used
Stakeholders from the Department of Health and Wellness (DHW) and Health PEI actively participated in the command table to identify and implement quick wins for accelerating Physician recruitment, while also raising issues and establishing mitigations.	Issues Log <ul style="list-style-type: none"> Serves as a centralized repository for documenting larger process/system issues. Helps prioritize and track major concerns that need addressing.

Future State Physician Recruitment (1/4)

Phase: Forecast, Aware

Note: Future State maps were developed prior to the organizational design workshop and do not integrate the new Workforce Recruitment Structure.

Outcomes from Current State Discussions: Physicians

Pain Points	Quick Wins	Long-Term Opportunities
<ul style="list-style-type: none"> Lack of oversight and accountability for all candidates 3 pipelines for Physicians to apply Challenge to schedule timely calls with the right stakeholders Unsuccessful candidates are not always informed Site visits are ad-hoc and without clarity on who is responsible Order of reference checks and LOO is unclear Long wait times between steps for candidate Numerous and awkward handoffs-multiple handoffs between offer letter and onboarding Duplicative efforts-Physicians required to fill out the same forms multiple times 	<ul style="list-style-type: none"> New cross-organization "one-team" recruitment approach; daily assertive candidate management Every candidate assigned and supported by a single point of contact 	<ul style="list-style-type: none"> Not all onboarding forms are digitalized, challenging to track completion Lack of formal process/owner to provide relocation support to candidate Marketing campaigns/recruitment efforts are not informed by Health PEI data Physicians reluctant to fill out job postings Poor timestamping of recruitment process Lack of spousal, family and settlement supports

Deliverable Deep Dive

Current/Future State Process for Non-Physicians

Purpose: The Future State Process for Non-Physicians, including Nursing, Allied Health and Support Staff, has been developed as a resource for the HPEI HR team to strategically streamline the recruitment process and enhance collaboration with partners including PSC and DHW.

Executive Summary: Based on 3 stakeholder workshops and over 12 interviews, key pain points in the Non-Physician recruitment process were identified and addressed through 11 Future State Process improvement interventions developed to streamline the hiring process. This document is a critical path, further work needs to be conducted to understand specific processes such as IENs, Immigration, and Graduate Nurse Matching.

Key Outcomes / Findings / Recommendations

- Identified pain points, quick wins, and long-term opportunities in the recruitment process through facilitation of Allied Health and Nursing Current State Workshops.
- Identified Future State initiatives and process changes in collaboration with stakeholders through Non-Physician Future State Workshop.
- Developed a Future State Process including 13 process improvement interventions aimed at achieving the desired workflows and efficiencies to enhance the recruitment process for Non-Physicians in PEI.

Document Overview

This Future State Non-Physician document provides an overview of proposed process changes and initiatives to streamline recruitment activities and increase collaboration across Health PEI and PSC for Nursing, Allied Health, and Support Staff.

Document Overview:

- 1. Current State Process Map**
Outline of the existing recruitment process, highlighting key workflows across Health PEI and PSC.
- 2. Future State Process Map**
The optimized recruitment process, illustrating the desired workflows and efficiencies to be achieved.
- 3. Future State Process Changes and Initiatives**
Descriptions of process changes and initiatives aimed at streamlining and

Engagement Summary:

Session	Date	Topic of Focus
Allied Health Current State Validation Session	August 21 st , 2024	Validated recruitment processes, received clarity on roles, and identified short term and long-term opportunities.
Nursing Current State Validate Session	August 23 rd , 2024	Validated recruitment processes, received clarity on roles, and identified short-term and long-term opportunities.
Non-Physician Future State Workshop	September 17 th , 2024	Validated current-state, identified pain points, and collaboratively identified future state initiatives and process changes.

Design Principles Used Throughout Development:

Future State Non-Physician Recruitment (1/3)

Phase: Forecasting, Pre-Posting

Numbers correspond to initiatives and process changes listed on pages 13-16

Current State Non-Physician Recruitment (1/2)

Phase: Pre-Posting, Pre-interview (Screening)

Future State Process Changes & Initiatives (1/4)

The following outlines a list of future process changes or initiatives for Health PEI to consider to streamline the Non-Physician recruitment process and maximize collaboration across partner organizations.

#	Future Process Change / Initiative	Key Stakeholders	Pain Point Addressed	Explanation	Estimated Time to Implement
01	Standardized Intake Meeting	Hiring Manager, PSC	Lack of coordination and visibility of recruitment needs	To reduce delay in posting positions, establish a strategic intake meeting between hiring managers and recruiters before creating job advertisements. This meeting will allow both parties to clarify role requirements, discuss candidate profiles, and align on expectations.	1-2 months
02	Administrative Tasks Owned by WR Coordinator	HPEI WR, HPEI HR	Limited visibility by key recruitment stakeholders during position initiation	Explore conversations with the HR assistance team to identify opportunities to reallocate administrative tasks to the future state WR coordinator role in line with recruitment job structure, resulting in increased visibility across the process.	1-3 months
03	HR Action Form Enhancement	HPEI HR, HPEI WR, PSC	Ineffective gathering of required information upfront	Create a user-friendly HR action form that hiring managers can fill out to streamline the recruitment process. This form should include essential sourcing components and strategic recruitment elements, enabling hiring managers to clearly outline their needs and preferences and reduce back and forth.	2-3 months

Deliverable Deep Dive

Patient Medical Home Recruitment Plan

Purpose: The Recruitment Plan has been developed as a resource for HPEI’s Recruitment Team to strategically focus on essential initiatives required to effectively recruit for PMHs, offering a guide to the sequence of actions, necessary resources, and critical considerations.

Executive Summary: The PMH model has been identified as the path forward to provide coverage to an estimated 56,000 unaffiliated Islanders by 2027. To successfully implement this model, a total of 298.5 FTE (across Providers, Allied Health, and Support Staff) need to be filled through strategic recruitment efforts. Eleven recruitment initiatives and respective sequencing over the next 26 months (short, medium and long term) for consideration to accelerate recruitment efforts.

Key Outcomes / Findings / Recommendations

- Defined the **workforce recruitment need** over the next 26 months for the Patient Medical Home Provincial Model in collaboration with the PMH workstream.
- Developed a **comprehensive catalog of 11 recruitment initiatives** detailing pain points addressed, impact to PMH, implementation specifics, and projected timelines.
- Initiatives to implement include: Targeted Candidate Profiles, Recruiter DEI Upskilling, Talent Pipeline Development, Educational and Strategic Business Partnerships, Virtual Career Fair.

PMHs Provide Coverage to Unaffiliated Patients (Executive Summary)

The PMH model has been identified as the path forward to provide coverage to unaffiliated Islanders. To successfully implement this model, a total of 298.5 FTE need to be filled through strategic recruitment efforts.

Estimated Recruitment Need for 2027

Category	Count
Physician (Family Physician/ Nurse Practitioner)	44.6
Allied Health	44.4
Support Staff	209.5

Key Takeaway: A total of 44.6 FTE vacant Allied Health and Support Staff roles must be filled to support capacity expansion efforts. A total of 186 net new FTEs (including Providers, Support Staff, and Allied Health roles) are required for new and expanding PMHs. The estimated annual compensation expense at maturity for the 298 total new FTEs is \$29 million.

Expected Staffing and Recruiting Requirements (Table)

Category	Staffing Requirements (FTEs)		Annual Compensation Expenses	
	FP	MP (Allied Health/ Support Staff)	FP	MP (Allied Health/ Support Staff)
Expansion of Capacity at Existing PMHs	44.6	44.4	\$ 6,025,000	\$ 4,025,000
Creation of new PMH sites	21.9	21.9	\$ 1,131,500	\$ 1,149,500
Expanding New Programs (Including New Sites)	21.9	21.9	\$ 1,149,500	\$ 1,149,500
Total	88.4	88.2	\$ 8,306,000	\$ 6,323,500

Key Takeaway: A total of 88.6 FTEs vacant Allied Health and Support Staff roles must be filled to support capacity expansion efforts. A total of 186 net new FTEs (including Providers, Support Staff, and Allied Health roles) are required for new and expanding PMHs. The estimated annual compensation expense at maturity for the 298 total new FTEs is \$29 million.

Recruitment Enhancement Journey

To enhance the recruitment process, a number of opportunities emerged through conversations with stakeholders. PMH data analysis, and leading practices. Below describes the proposed sequencing (short, medium and long term) and respective opportunities over the next 26 months.

Phase	Timeline	Opportunities
Short Term	0 - 11 months (April 2025 - March 2026)	Practice implementing future state recruitment process changes for Physicians, Allied Health, and Support Staff; Launch a virtual employee referral program to leverage internal resources; Create a detailed process for key positions in PMHs; Establish formal strategic partnerships with the medical affairs office and their network managers.
Medium Term	12 - 24 months (April 2026 - March 2027)	Establish formal partnerships with local community colleges and universities for talent pipeline development; Develop a strategic conference outreach plan with local RCI measurement; Leverage social recruitment dashboards to provide consistent metrics to their recruitment managers.
Long Term	25 - 36 months (April 2027 - March 2028)	Establish an international recruitment program to address talent shortages and increase recruitment diversity; Implement a comprehensive applicant Tracking System (ATS) and Candidate Relationship Management (CRM) tool.

Recruitment Initiatives

Below describes recruitment initiatives and respective sequencing over the next 26 months (short, medium and long term) for consideration to accelerate recruitment efforts.

Timeline	#	Initiative	2024	2025	2026	Target FTE
Short Term	1	Education Outreach to Medical Secretary	█			23.5
	2	Virtual Job Fair	█			23.5
	3	Targeted Referral Program	█			23.5
	4	Targeted Candidate Profiles	█			23.5
Medium Term	5	Strategic Conference Outreach		█		23.5
	6	Recruiter DEI Upskilling		█		23.5
	7	Talent Pipeline Development		█		23.5
	8	Educational Partnerships		█		23.5
	9	Strategic Business Partnerships		█		23.5
	10	Talent Acquisition Applicant Tracking		█		23.5
	11	International Recruitment Program		█		23.5
Long Term	12	International Recruitment Program			█	23.5

Summary of Initiatives

High-level summary of recruitment initiatives below.

Initiative	Summary
1. Education Outreach to Medical Secretary	Develop a series of professional development webinars to upskill medical secretaries and attract new talent.
2. Virtual Job Fair	Organize regular virtual events to showcase the work environment and culture to potential candidates.
3. Targeted Referral Program	Create a structured employee referral program with bonus incentives to leverage established talent networks.
4. Targeted Candidate Profiles	Develop detailed candidate personas for key healthcare roles to improve recruitment efficiency and candidate fit.
5. Strategic Conference Outreach	Develop a targeted approach to cultivate relationships with local educational and RCI measurement.
6. Recruiter DEI Upskilling	Investment DEI training practices throughout the hiring process to build a more inclusive recruitment process and candidate pool.
7. Talent Pipeline Development	Build and maintain an active talent pool through ongoing engagement and nurturing of potential candidates.
8. Educational Partnerships	Establish partnerships with local educational institutions to create a sustainable healthcare talent pipeline.
9. Strategic Business Partnerships	Form strategic partnerships between non-healthcare, medical affairs, and PMH network partners to align hiring goals.
10. Applicant Tracking System	Implement modern recruitment technology to streamline hiring processes and enable data-driven decision making.
11. International Recruitment Program	Establish a comprehensive program to attract and integrate international healthcare professionals.

Reader Guide for Initiative

The following section provides a detailed view into each initiative. Below is a guide on how to read each page.

Key points highlighted in blue represent the corresponding steps of the initiative within the flowchart (please refer to slide 7 for details on the slide).

The icons highlighted in blue represent the specific initiatives that the initiative details provide further information on.

The key stakeholders listed are the individuals and/or organizations who will be involved in the initiative.

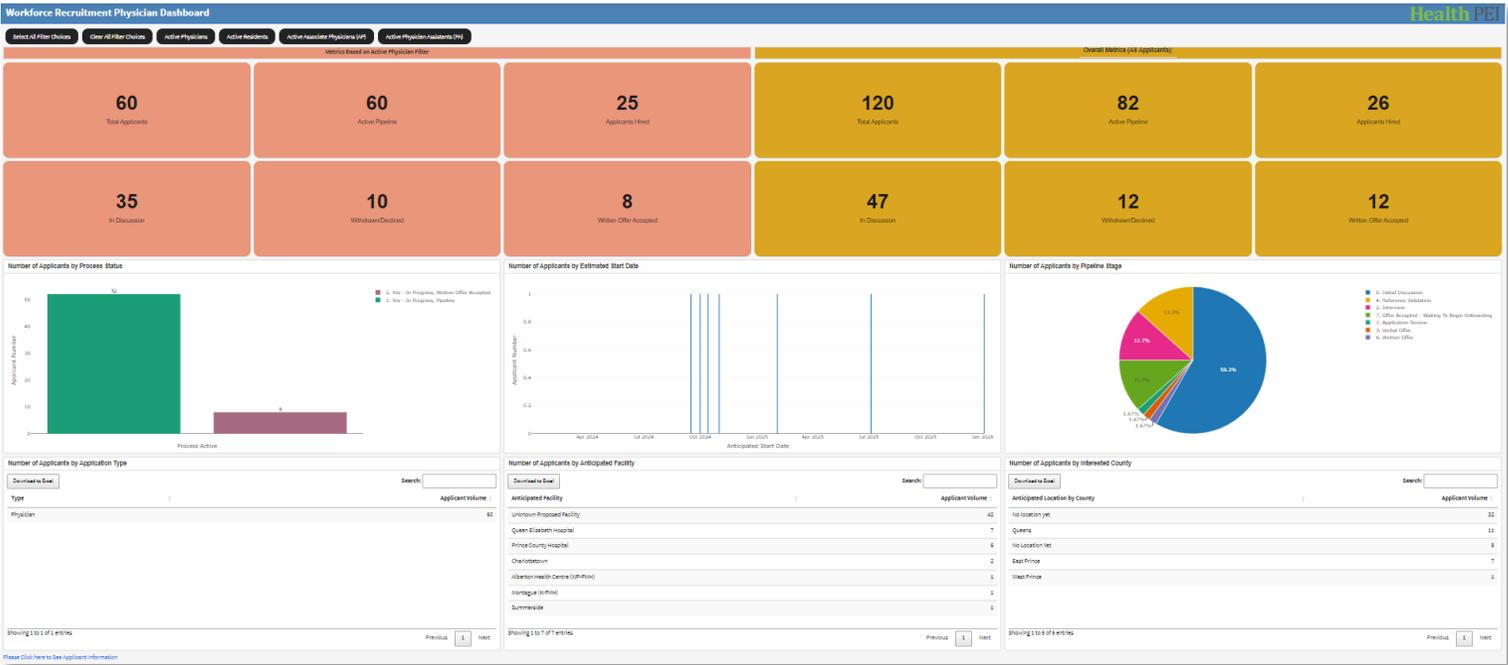
The icons highlighted in blue represent the corresponding steps of the initiative within the flowchart (please refer to slide 7 for details on the slide).

The icons highlighted in blue represent the specific initiatives that the initiative details provide further information on.

The key stakeholders listed are the individuals and/or organizations who will be involved in the initiative.

Workforce Recruitment Performance Dashboard

Objective: Developing a centralized view of the recruitment pipeline and key metrics to identify trends and bottlenecks, improve operational efficiency, and enhance the overall candidate experience.



Data Driven Takeaways:

- 1. 120 total: Physicians (95), Associate Physicians (10), Physician Assistants (5), and Residents (10) have entered the recruitment pipeline since February.
- 2. 25 Physicians have been hired and started working since February.
- 3. 8 additional Physicians have accepted written offers; 4 start in 2024
- 4. 35 Physicians are at the start of the Pipeline in "Initial Discussions".
- 5. 8 Physicians have accepted verbal offers and are having references validated.

Information accurate as of Sep 26, 2024

***Limitations:** Time sensitive data has not been collected. Current data spans from February - August 2024. A new applicant tracker format has been integrated to ensure current and future collection of time sensitive data such as pipeline initiation date, interview date, days in pipeline, etc.

Workstream Description

The PMH workstream focused on developing actionable and replicable methods to guide the planning and commissioning of new Patient Medical Homes across PEI - with the goal of reducing the number of unaffiliated patients in PEI to <5,000 by 2027. To facilitate standardization and to improve the operations of existing PMHs, an Operating Model was developed as an additional deliverable.

Key Accomplishments

- ✓ Documented critical steps and processes in establishing PMHs
- ✓ Developed an Implementation Playbook to guide the establishment of new PMHs, in addition to a planning tool designed to support this process
- ✓ Developed an Operating Model that defines operating principles, core requirements for PMHs
- ✓ Created a Provincial Plan to build the PMH capacity required for full affiliation of Islanders
- ✓ Identified key implementation considerations, risks, and enablers
- ✓ Created PMH Master Tracker to support decision-making; collected and validated key PMH data

Deliverables

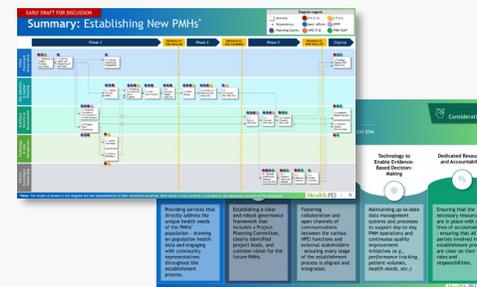
Operating Model

Defining the core operating principles and foundational requirements for PMHs in PEI - allowing for the standardization of PMHs across the province and the enhancement of patient experience.



Implementation Playbook

Describing the step-by-step process to establish a new PMH - including milestones, key parties involved, and timelines. Accompanied by a planning tool for track progress of new PMHs.



Provincial Plan

Outlining a clear roadmap to ensure all Islanders are affiliated to active or future PMHs by 2027. Including defining recruitment and infrastructure needs to fulfill this goal.



Potential Next Steps

1. Develop an updated governance model to ensure that new PMHs are planned in a coordinated manner, the development of priority PMHs is accelerated, and PMHs have adequate supports.
2. Develop a sustainable process to update and validate key PMH data going forward in support of data-driven decision-making.
3. Develop a transformation plan to ensure that the recommendations and plans outlined in the three key deliverables are sustainably implemented.

Deliverable Deep Dive

Operating Model

Purpose: Given the rapid growth the PMH model of care, PMHs across the province vary significantly in terms of both maturity and scale. The Operating Model has been developed to support Health PEI as it standardizes the operations of PMH's - ultimately improving the experiences of patients and providers.

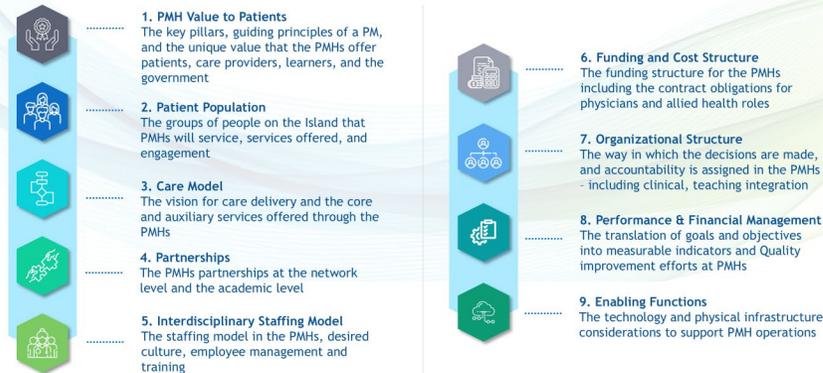
Executive Summary: This document defines the current operating principles for Patient Medical Homes (PMH) in PEI - articulating how these principles inform PMH development and implementation. Moreover, the Operating model goes into the detail on the core requirements for PMHs across the following key areas of focus: (1) Value to Patients, (2) Patient Population, (3) Care Model, (4) Partnerships, (5) Interdisciplinary Staffing Model, (6) Funding and Cost Structure, (7) Organizational Structure, (8) Performance and Financial Management, and (9) Enabling Functions.

Key Outcomes / Findings / Recommendations

- **Data-Driven Decision-Making:** There is limited readily-available information and data regarding PMH operations due to an immature EMR system and challenges sharing up-to-date information between teams.
- **Delineation of Roles and Responsibilities:** Lines of governance and accountability are, at times, ill-defined. This has been shown to lead to inefficiencies and communication gaps between HPEI teams/functions.
- **Need for Strategic Planning for Future PMHs:** To-date, PMHs have been established based primarily on the geographical availability of interested providers and of physical space. Health PEI has an opportunity to leverage population health data more effectively when planning for future PMHs, in order to meet population health needs.

Document Overview

This Operating Model provides detail regarding the nine core components of Patient Medical Homes:



Source: PMH Commitment Document

Deliverable Deep Dive

Implementation Playbook

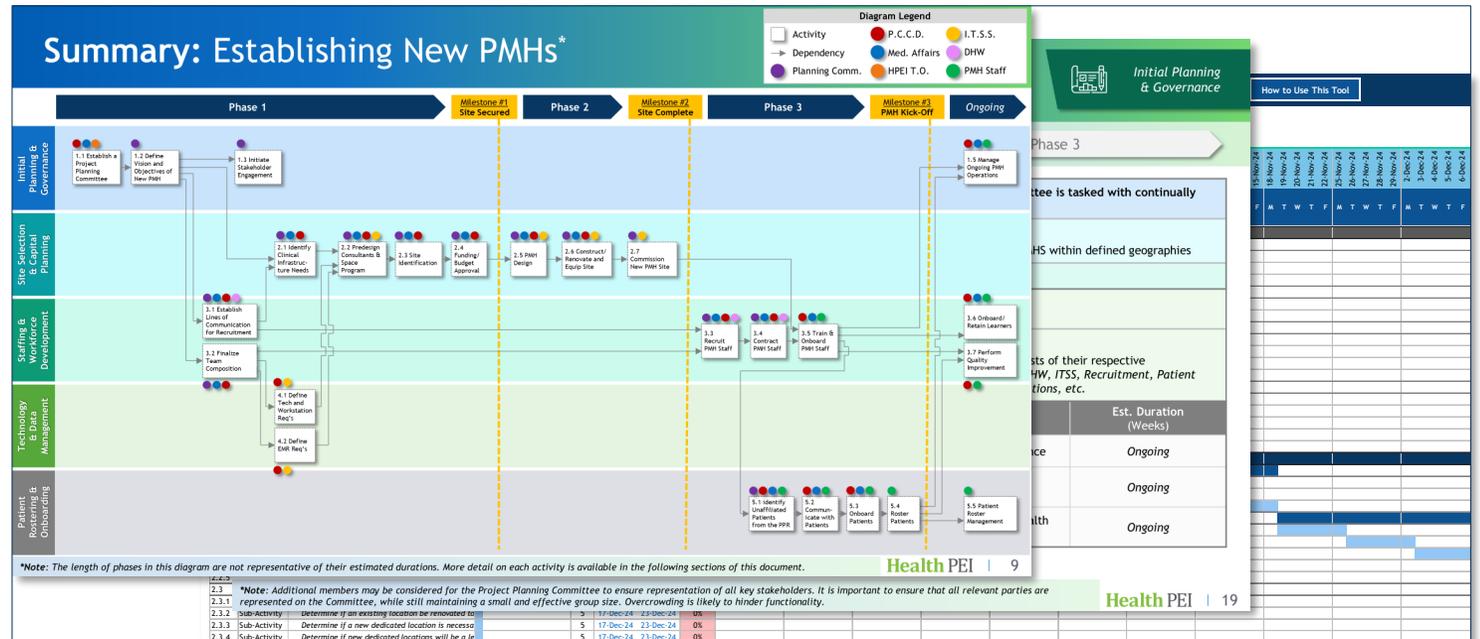
Purpose: The Implementation Playbook has been developed to support Health PEI in accelerating the establishment of new PMHs - both through the (1) conversion of existing clinics to PMHs or (2) the construction of net new PMHs. An accompanying Excel tool has been developed to track the progress of individual PMHs, based on the validated process outlined within the Implementation Playbook.

Executive Summary: This document and accompanying tool were validated with numerous stakeholders in order to do the following:

- Define the key activities required to establish new PMHs - standardizing the establishment process by offering a step-by-step guide.
- Allow for regularly-updated tracking of activities and accountabilities - including timelines, key interdependencies, and responsible parties for each activity.

Key Outcomes / Findings / Recommendations

- **Conversion of Existing Clinics:** To-date, all PMHs within the province have been established by converting existing clinics. While this conversion model has been proven to be effective, there is need to accelerate the establishment of net new PMHs in order to further increase patient capacity.
- **Performing Activities in Parallel:** With sufficient planning, coordination, and dedicated resources, there are numerous processes that can be performed in parallel. This is expected to significantly reduce the timeline to establish/expand PMHs.
- **Opportunities for Standardization:** Certain processes may be streamlined via standardization in order to reduce timelines and decrease administrative burdens (e.g., Staff onboarding, basic tech requirements, comms plans).



Deliverable Deep Dive

Provincial Plan

Purpose: The Provincial Plan has been developed as a guide for active and planned PMHs across the province - outlining the pathway to affiliate all Islanders over the next three years. This document defines key initiatives, actions, and risks mitigations, in order to achieve the goal of reducing the number of unaffiliated Islanders to <5,000 by the year 2027.

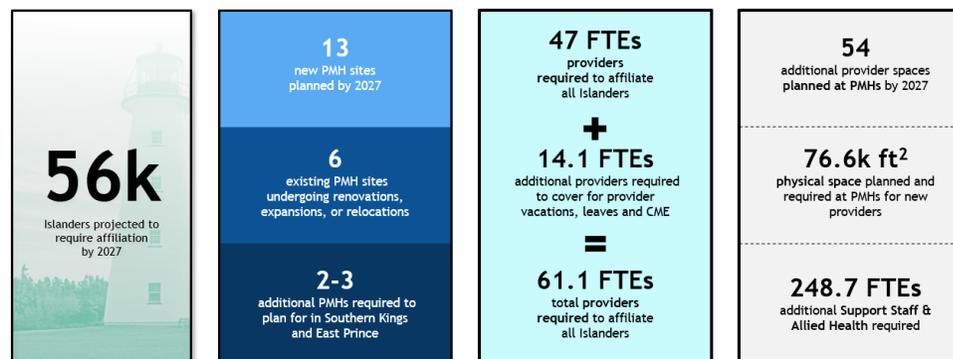
Executive Summary: The Provincial Plan includes projections for the PMH capacity required to affiliate all Islanders by the beginning of 2027. Moreover, the document recommends a series of strategic initiatives aimed at building patient capacity at both existing and new PMHs. It outlines considerations related to staffing and recruitment, capital planning, data, and other key matters. This plan will require effective governance and close coordination among key stakeholders - particularly as it relates to capital and workforce planning.

Key Outcomes / Findings / Recommendations

- **Potential Capacity by 2027:** By 2027, a total of 58.3k additional patients can be affiliated to 17 active and 13 planned PMHs if the plans to open new PMHs and renovate and expand existing PMHs are implemented fully, and if 61.1 provider FTEs are recruited to fill all required positions.
- **Additional Capacity Needed:** In addition to the 13 planned PMHs, there is a need to open 1 additional new PMH in Southern Kings and 1-2 in East Prince based on capacity projections for each region.
- **Significant Staffing Requirements:** To affiliate all Islanders, a significant number of new staff will need to be hired (across all roles). The success of the Plan is predicated on successful recruitment efforts.

Provincial Plan - By the Numbers

By 2027, it is projected that nearly a third of Islanders will need to be affiliated with a primary care provider. To address this growing need, the Provincial Plan outlines how to expand the PMH model across the province.



Executive Summary

Overview of Current State

Next Steps

17 Active PMHs

71,922 1,2 Total Panelled Patients

37.0 Total LFM FTEs

30.8 Total NP FTEs

36.8 (22.2%) Vacant Support Staff FTEs (percent of positions unfilled)

23.3 (30.7%) Vacant Allied Health FTEs (percent of positions unfilled)

Phase 3 Key Activities:
3.3 Recruit PMH Staff
5 Train & Onboard PMH Staff
5.4 Roster Patients

Phase 3 (5 weeks)

Milestone #3 PMH Kick-Off

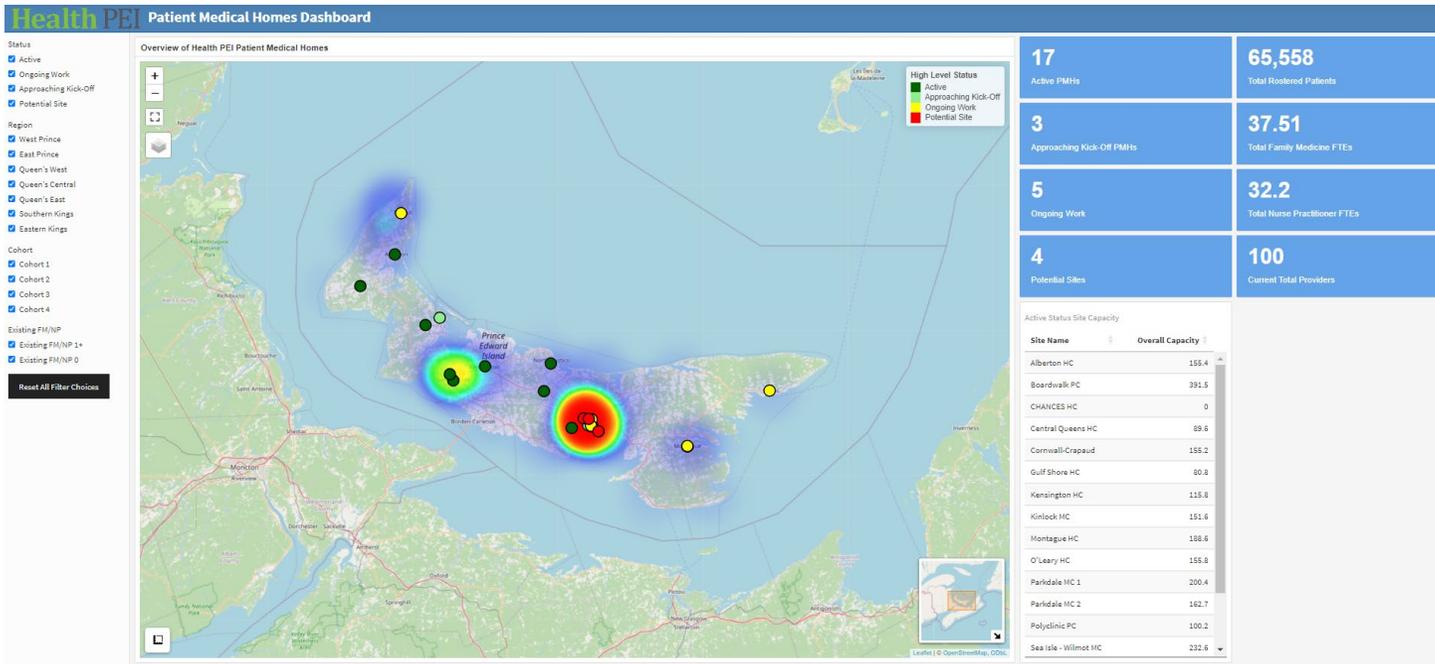
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Patient Medical Homes Provincial Dashboard

Objective: A single consolidated view of current and projected capacity for PMH planning and development.



Dashboard Information accurate as of July 31, 2024

Data Driven Takeaways:¹

- There are 17 active and 3 committed PMHs in PEI.
- Currently planning 10 potential new PMHs to be operational by 2027.
- There are 72,372 patients affiliated to PMHs.²
- Capacity at active PMHs:
 - 5 PMHs are operating between 80% and 115% capacity
 - 2 PMHs are operating above 115% of their expected capacity
 - 10 PMHs are operating below 80% capacity
- Across 17 active PMHs, the following roles are vacant:
 - 30% - Allied Health
 - 21% - Support Staff
 - 45% - Clinic Coordinators
- Across 17 active and 3 committed PMHs, there are 37.2 FTEs of Longitudinal Family Medicine Specialist (LFM) FTEs and 30.8 FTEs of Nurse Practitioners (NP).
- An additional 61.1 FTEs of LFM/NPs are required to affiliate all islanders by 2027.³

- Limitations:** A dashboard update is pending and is anticipated to be complete October 14th, 2024. The most up-to-date information can be found in the PMH Master Tracker, which is accurate as of September 26, 2024. Going forward, the HPEI Transformation Office will be responsible for ensuring that data is updated every two weeks.
- The number of affiliated patients is anticipated to change given ongoing PMH panel management initiatives.
- A replacement factor of 20% for NP FTEs and 40% for LFM FTEs is included to cover for provider vacations, leaves and CME. Health PEI HR Analytics and Medical Affairs are working to develop a more precise replacement factor.

Workstream Description

This workstream focused on facilitating increased collaboration between senior leaders from UPEI and Health PEI. This was done through a variety of joint workshops and governance structures meant to align the two organizations on their plans to ensure the sufficient capacity to support learners from the new UPEI/MUN medical school is established before its opening in August 2025.

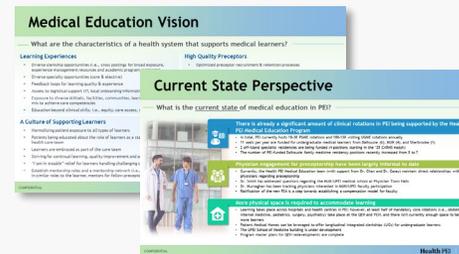
Key Accomplishments

- ✓ Delivered report on vision, goals, and measuring success
- ✓ Established and supported the facilitation of the UPEI/HPEI Liaison Committee
- ✓ Led workshops with senior leaders from UPEI and Health PEI focused on goal alignment, future state visioning, and critical path validation
- ✓ Delivered report on critical paths for prioritized joint work, organizational capacity recommendations and program monitoring considerations

Deliverables

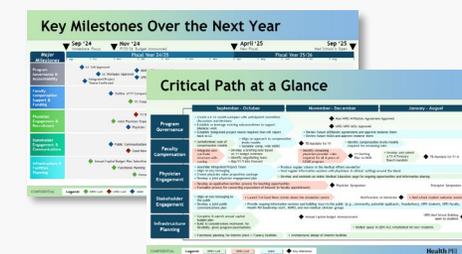
Current State & Visioning Report

Outlines the current state of medical education in PEI, an aligned vision for the joint work ahead between UPEI and Health PEI, and key questions that remain to be answered in priority areas of work.



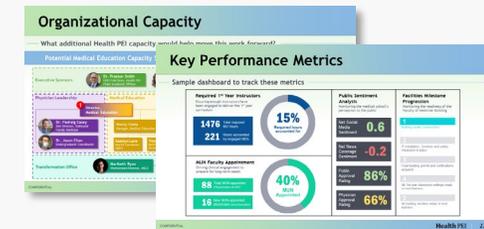
Integrated Roadmap

Identifies priority areas of joint work to be completed between now and the medical school's opening and outlines a critical path for each, along with long-term milestones and additional recommendations.



Organizational Capacity & Program Monitoring Recommendations

Outlines a set of key metrics to monitor the medical school's readiness for August 2025, recommendations for Health PEI organizational capacity supplements, and project management recommendations.



Potential Next Steps

1. Determine all clinical teaching roles and the appropriate funding source(s) and compensation models for each in the first year of the medical school program.
2. Develop and execute a joint physician engagement plan that communicates the value proposition, support, and opportunities available for potential medical school faculty.
3. Develop a memorandum of understanding (MOU) to formalize the strategic alignment and collaboration between UPEI and Health PEI to support this work.

Deliverable Deep Dive

Current State & Visioning Report

Purpose: The purpose of this report was to summarize our perspective (and the perspectives of the stakeholders we interviewed) of the current state of medical education in PEI, conceptualize a vision for what Health PEI and UPEI hope medical education will look like in the future, and identify the key questions that need to be answered to bridge that gap.

Executive Summary: There are currently a significant number of clinical rotations for medical learners being hosted in PEI, but physician engagement around the new medical school has been largely informal to date and more physician space is required to accommodate the upcoming influx of learners with MUN's regional medical school campus opening at UPEI. As learner needs increase, the existing medical education program will need to evolve, MUN/UPEI faculty will need to be appointed, and significant investments in infrastructure will need to be made.

Key Outcomes / Findings / Recommendations

- At a high level, the medical education vision should centre around learning and teaching in high-quality clinical learning environments, which require high-quality preceptors, exposure to unique opportunities, and a culture of supporting learners.
- Building trust and having a shared vision/plan are keys to a strong HPEI/UPEI partnership moving forward.
- The most urgent pieces of shared work over the next year include program governance/accountability, faculty compensation/funding, physician engagement, and infrastructure/facilities planning.

KPMG Observations to Date

- PEI is a small, tight-knit community where relationships are key to program success and acknowledgement of longstanding affinity to other academic institutions is important.
- All parties that we have engaged are committed to the new medical school and see it as a significant opportunity for the health system and PEI. Continued collaboration could be aided by a refreshed, more action-oriented governance structure.
- The Medical Education Program at Health PEI is lean and there is limited capacity for additional responsibilities to be added - albeit there are strong assets and experience to build off of.
- There is a strong appetite for interprofessional learning opportunities alongside medical education. Integrating learning with Patient Medical Homes poses the best opportunity for establishing modern training environments that will retain healthcare workers, particularly in primary care, but also in generalist specialties.
- In preparation for the new MUN/UPEI medical school, Health PEI and MUN/UPEI will have distinct roles but also shared responsibilities that need to be defined and clear to all parties.
- There is significant interest in a learning health system (LHS); however, this is a much broader all encompassing concept that transcends beyond support for medical learners.

Measuring Workstream Success (Near-term)

The following represent ambitious concepts that have been identified as guidelines for how we measure the success of this workstream against our goals in the next 1-2 years. The measurement of these concepts will depend on the data that is made available by Health PEI, UPEI, and other data sources.

Physicians & Faculty	Facilities
<ul style="list-style-type: none">• Satisfaction of preceptors in place for 17+ new learners (undergrads, MEd, etc.)• Trained AgriNet preceptors available in the region• 20-25% increase in PEI preceptors approved to Health Faculty (Oblivati et al.)• 10-15% increase in PEI preceptors approved to Health Faculty (Oblivati et al.)• 10-15% increase in PEI preceptors approved to Health Faculty (Oblivati et al.)	<ul style="list-style-type: none">• Fully operational use of existing Health PEI facilities, with sufficient space for medical learners accommodated in the interim• UPEI facility of residence building open for first class of students• Initially required remote learning environments functioning effectively
Program Experience	Stakeholder Engagement
<ul style="list-style-type: none">• Collected experience post-program feedback data (students and faculty) from existing or-inland medical programs (DRI and HPEI) to establish a baseline	<ul style="list-style-type: none">• Frequency of engagement with current PEI medical learners• Frequency of engagement with other system learning partners (DRI, MUN, HPEI, AGRI, etc.)
Program Resources	Workstream Planning
<ul style="list-style-type: none">• Number of human resources added to the Health PEI Medical Education Program• Funding allocated to the medical school and health system supports (i.e. salaries, program, etc.)• Program spend has a low deviation from program budget	<ul style="list-style-type: none">• New governance structure established• New governance structure implemented• Limited deviation from progress against the roadmap

Current State Perspective

What is the current state of medical education in PEI?

There is already a significant amount of clinical rotations in PEI being supported by the Health PEI Medical Education Program.

- In total, PEI currently hosts 10-15 PGY1 rotations and 10-15 rotating GME rotations annually
- 11 seats per year are hosted for undergraduate medical learners from Dalhousie (U), HPEI (U), and Dalhousie (U)
- 2-3% of total specialty rotations are being funded by patients starting in the '22 cohort seats
- The number of PEI-based rotations for family medicine residency positions recently increased from 1 to 7

Physician engagement for preceptorship has been largely informal to date.

Currently, the Health PEI Medical Education team (with support from Dr. Chan and Dr. Casey) maintains direct relationships with physicians regarding preceptorship. Currently, the Health PEI medical school at Patient Medical Homes has been having physicians interested in non-UPEI Health PEI preceptorship. A facilitator of the new PEI is a role being established to coordinate a model for faculty.

More physical space is required to accommodate learning.

- Learning takes place across hospitals and health centres in PEI; however, at least half of mandatory core rotations (i.e., obstetrics, internal medicine, pediatrics, surgery, psychiatry) take place at the QRI and PEI, and there isn't currently enough space to take on more learners
- Patient Medical Homes can be leveraged to offer longitudinal integrated clerkship (LIC) for undergraduate learners
- The UPEI Medical Education Building is under construction
- Program master plan for GME rotations is complete

Key Principles for Success

How can we establish the strong partnerships needed to achieve our goals?

- Building Trust:** Trust is the cornerstone of any partnership. We should work together through more shared work sessions to build and maintain trust.
- Shared Vision:** We should establish a clear understanding and respect of each other's priorities and our shared milestones for this work.
- Communication:** We should feel comfortable expressing thoughts, concerns and ideas openly. Information sharing and a common sense of truth will be key to this group's success.
- Co-design:** Bi-directional engagement and co-design between these groups will be integral to effective strategic planning.
- Shared Structure:** Our effectiveness will be driven by clear, shared structures for proactive governance, consistent partnerships, and quality improvement.
- Shared Breadth:** We should recognize all relevant partners and make a clear stakeholder engagement plan to keep them involved to the appropriate extent.

Medical Education Vision

What are the characteristics of a health system that supports medical learners?

Learning Experiences

- Diverse clinically opportunities (i.e., cross settings, for broad exposure, experience management resources and academic program assistance)
- Diverse specialty opportunities (core & elective)
- Feedback loops for learning quality & experience
- Access to logistical support (IT, local networking information, etc.)
- Exposure to diverse ailments, facilities, communities, learners and patient mix to achieve core competencies
- Education beyond clinical skills (i.e., equity, care access, resource use)

A Culture of Supporting Learners

- Normalizing general exposure to all types of learners
- Patients being knowledgeable about the role of learners as a standard part of the health care team
- Learners are embraced as part of the care team
- Stronger cultural learning, quality improvement and agility
- "It's not a teacher" value for learning handling challenging situations
- Establish mentorship roles and a mentorship network (i.e., mentors that are in similar roles to the learner, mentor for fellow preceptors)

High Quality Preceptors

- Optimized preceptor recruitment & retention processes
- Feedback on preceptors is provided to clinical chairs and Health PEI
- Open and transparent communication about how preceptors are being supported and/or held accountable
- Research opportunities that are available through primary care research networks
- Cultural integration is provided to interested medical education programs
- Partnerships formed with neighboring health authorities to ensure readiness
- Relationships are formed with other clinical education programs to provide exposure to team-based care settings

Exposure to New Opportunities

- Build an awareness of all clinical opportunities for future work that there should be resources that jobs will be there when they graduate
- Research opportunities that are available through primary care research networks
- Cultural integration is provided to interested medical education programs
- Partnerships formed with neighboring health authorities to ensure readiness
- Relationships are formed with other clinical education programs to provide exposure to team-based care settings

Physician Engagement & Recruitment

Communicating a compelling value proposition to PEI's physicians, off-island physician recruits, and current learners that drives by and faculty participation, including the establishment of an effective faculty leadership structure.

Our Current Understanding

- Stakeholder engagement has been through 1-1 engagement
- Led by Dr. Smith, Dr. Angermayr, and Dr. Jan
- PEI and other system partners have been engaged
- PEI and other system partners have been engaged
- PEI and other system partners have been engaged
- PEI and other system partners have been engaged

Our Goals & Vision

- Sufficient positions to accommodate learners and provide all planned clinical placements on island
- High learner retention on PEI after completing the program through building awareness of on-island opportunities, resulting in increased access to care for PEI patients
- Optimized preceptor hiring & retention processes, including feedback analysis and accountability
- 10-15% increase in PEI preceptors approved to Health Faculty (Oblivati et al.)
- 10-15% increase in PEI preceptors approved to Health Faculty (Oblivati et al.)

Key Questions to Answer

- How can we mitigate concerns around cross appointments and multi-faculty status?
- How can "hire to teach" be incorporated into the hiring/selection process?
- How can we ensure that the medical school is a strategic partner that should be in any conversation involving physician recruitment
- UPEI / Health PEI / government align on key messaging for physician engagement, identify the appropriate timing and channels for distribution
- Include communication about medical school in new hire onboarding program
- Close the loop on the process of converting expressions of interest into appointments
- Before the impact of the medical school program on care delivery is ready to support physician services planning that maintains the currently available services

Deliverable Deep Dive

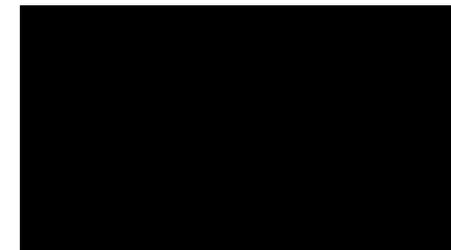
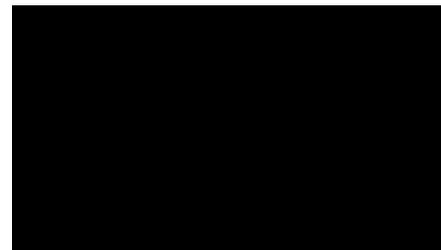
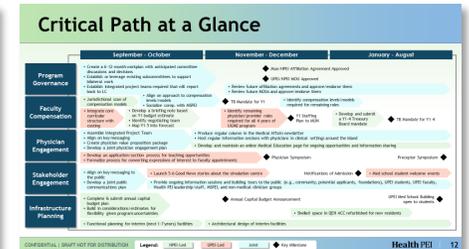
Integrated Roadmap (Critical Path) Report

Purpose: This report has been developed to help guide the upcoming joint work between UPEI and Health PEI, specifically focusing on key priorities through the end of 2024. Given the dynamic nature of this work with several key decision points still under discussion, this plan serves to inform the initial approach taken to mobilize each organization in a collaborative way.

Executive Summary: In order to progress on high-priority joint work, key activities, timelines, and responsibilities (HPEI & UPEI) needed to be identified for each area of work. This document provides an overview of the key milestones on the horizon (1 year and 5 years), critical path overviews for each area of work, supplementary thoughts captured around those activities, and other priorities to remain cognizant of to ensure the medical school offers high-quality learning experiences.

Key Outcomes / Findings / Recommendations

- One of the key pieces of immediate work is defining faculty compensation models (for the 1st year, at minimum).
- Physician engagement tactics, including a physician symposium event in November/December will be delivered jointly by Health PEI and UPEI and should be informed by faculty compensation information
- The UPEI-HPEI Joint Liaison Committee can serve as a venue for senior-level decision making around priority work
- While less urgent, decision-making around program design and initial work on interprofessional education and a learning health system will be foundational



Other Learner Experience Considerations

Work that will support the design of high-quality learning experiences

- Interprofessional Education (IPE)**
 - UPEI and Health PEI are working on a joint IPE strategy.
 - UPEI will lead the design of IPE through the regional campus.
 - Health PEI will support the design of IPE through the regional campus.
- Learning Health System (LHS)**
 - UPEI and Health PEI are working on a joint LHS strategy.
 - UPEI will lead the design of LHS through the regional campus.
 - Health PEI will support the design of LHS through the regional campus.

Deliverable Deep Dive

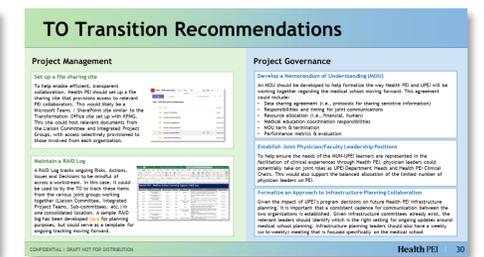
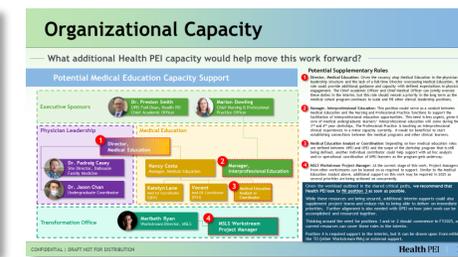
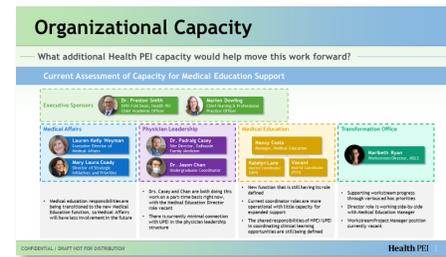
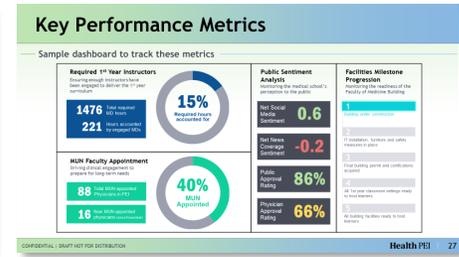
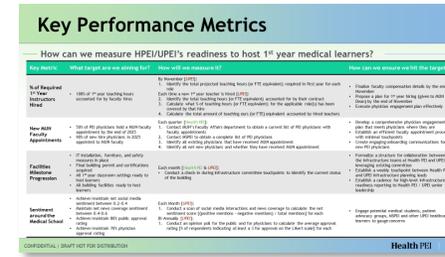
Organizational Capacity & Program Monitoring Recommendations

Purpose: This report serves as a supporting document in transitioning planning responsibilities over to Health PEI's transformation office, with several recommendations to ensure collaboration and capacity remain at a sufficient level to continue progressing on this work.

Executive Summary: Developed through ongoing discussions with Health PEI stakeholders and the insights collected in workshops throughout the project, this document includes recommendations for key metrics to track leading up to the medical school's opening, potential supplementations to the organization's existing capacity to support medical education, and other practices to implement as the workstream transitions fully to the Transformation Office.

Key Outcomes / Findings / Recommendations

- Key metrics to track include: the coverage of required teaching hours by hired faculty, new MUN faculty appointments, progression along facilities milestones, and public/physician sentiment around the medical school.
- Health PEI should look to hire an analyst/coordinator to support the Medical Education office as soon as possible.
- Other potential positions (Workstream PM, Medical Education Director, Interprofessional Educational Manager) can be covered by existing roles in the interim but should be considered in the future as the medical education program in PEI continues to grow.



Workstream Description

The Transformation Office (TO) focused on developing the organization's internal capabilities to ensure continuing viability and equip it with the essential tools to duplicate procedures effectively. This involves strengthening the skills and knowledge of the team, creating robust systems and processes, and ensuring these can be replicated to maintain consistency and quality.

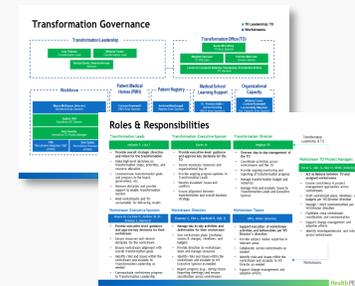
Key Accomplishments

- ✓ **Established structured forum** to monitor and sustain progress against transformation goals
- ✓ **Solidified governance & roles** to ensure accountability, streamlined processes, and an efficient structure for the transformation
- ✓ **Supported training and capability building** to establish a robust and empowered TO
- ✓ **Established change management plans** including regular and timely communications
- ✓ **Developed dashboards** to foster transparency and evidence-based decision-making
- ✓ **Established SWOT team** to identify, manage, and resolve strategic and operational issues

Deliverables

Transformation Office Design

Held a series of workshops to define the TO's purpose / scope, processes & infrastructure, and people & governance.



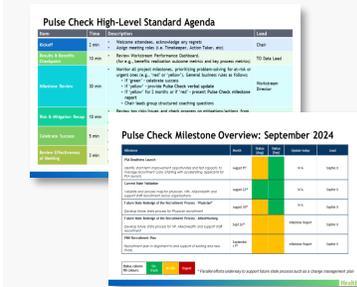
Initiative Set-Up Playbook

Developed a playbook to support a standardized approach to setting up additional priority workstreams.



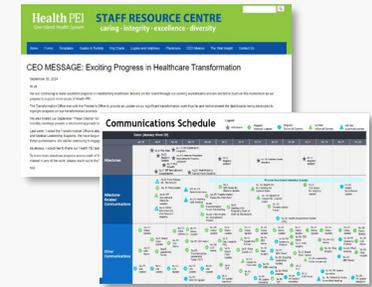
Pulse Check Standard Work

Established 'Pulse Check', an initiative designed to provide a structured and collaborative approach to monitoring and driving progress.



Communications Plan

A framework designed to ensure clear, consistent, and timely communication with all stakeholders, facilitating alignment.



Potential Next Steps

1. Continue to build organizational behaviours and capabilities to support progress of strategic priorities.
2. Develop a centralized data and analytics hub for strategic priorities, including dashboard development for new workstreams as required.
3. Continue to refine the process and related tools to identify and respond to immediate items and track and prepare for emerging items for SWOT.

Deliverable Deep Dive

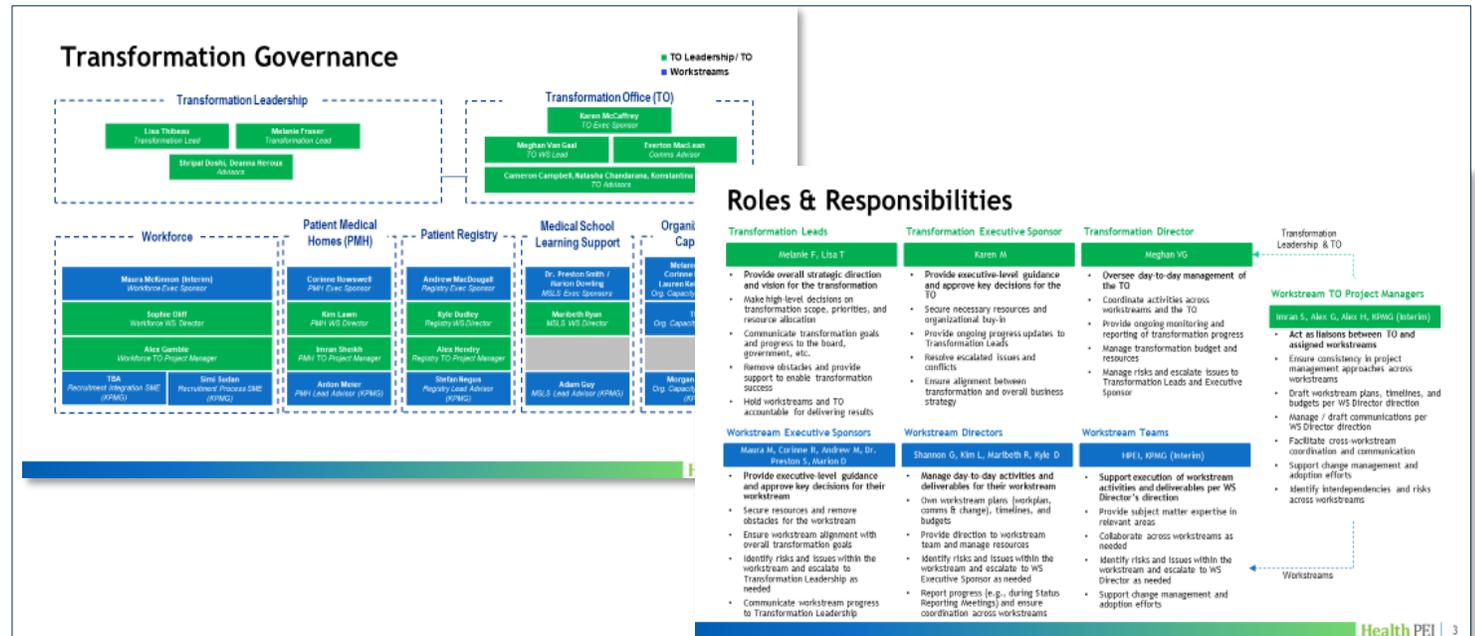
Transformation Office Design

Purpose: The purpose of designing a dynamic and efficient Transformation Office (TO) is to serve as the driving force behind organizational change. This unit will set the pace and direction of the transformation, architect a comprehensive transformation approach, adopt a systems-level perspective to coordinate interdependencies and resolve conflicts, and serve as the authoritative source on transformation progress.

Executive Summary: To achieve this, we conducted Transformation Office Design workshops to align stakeholders on the TO's key elements. These sessions defined the TO's core functions, which include designing and managing a comprehensive transformation roadmap, coordinating efforts across the organization, and facilitating communication. The TO will also support decision-making, resolve issues, provide expertise, and ensure accountability throughout the transformation process. This design creates a structured approach to drive organizational change, foster collaboration, and maintain momentum during the transformation journey.

Key Outcomes / Findings / Recommendations

- Established the mandate and guiding principles of the TO, including its role and function within the broader healthcare transformation context.
- Developed the underlying processes and activities to operationalize the TMO functions, and the tools, templates, data, and reporting required to support them.
- Supported the organization of people to deliver on the TO mandate, including roles, responsibilities, lines of reporting, and capabilities required to support each TO function.



Deliverable Deep Dive

Initiative Set-Up Playbook

Purpose: This Playbook serves as a comprehensive guide, offering a suite of standardized tools and detailed instructions. Its primary aim is to empower Workstream Directors with the resources necessary to effectively establish and manage approved workstreams, ensuring optimal launch and success.

Executive Summary: This resource provides a thorough overview of the Health PEI Transformation initiative, along with step-by-step guidance on workstream setup and management. Key components include strategic goal setting, conducting insightful stakeholder interviews, and developing robust workplans. Additionally, the playbook features a toolkit of valuable resources and templates, such as customizable Workstream Charters, Workstream Workplans, and comprehensive Interview Guides. By streamlining processes and enhancing efficiency, this playbook promotes consistency across all workstreams, ultimately contributing to the overall success of the Health PEI Transformation.

Key Outcomes / Findings / Recommendations

- The playbook provides a consistent framework for managing transformation initiatives while allowing Workstream Directors to tailor tools and processes to meet the specific needs of their workstreams.
- By offering templates and guidance on goal setting, the playbook streamlines the setup process and ensures that workstream objectives align with the overall goals of the Health PEI Transformation.
- The playbook can be updated with lessons learned, fostering continuous improvement in workstream management.

The image shows the cover of the 'Initiative Set-Up Playbook' for Health PEI Transformation. The cover features a blue and green wave graphic and the text 'INITIATIVE SET-UP PLAYBOOK' and 'Health PEI Transformation'. A red 'Draft for Discussion' label is present in the top right corner of the document preview.

Setting Up a Workstream: 3-Step Approach

	Step 1: Understand	Step 2: Plan	Step 3: Implement
Timing	Week One	Week Two	Week Three
Objective	Confirm what needs to be accomplished	Confirm how we will accomplish it	Drive and accelerate change
Key Activities	1 Goal Setting & Alignment 1.1 Understand current state 1.2 Develop workstream charter 1.3 Confirm workstream charter	2 Planning Blitz 2.1 Develop workplan 2.2 Confirm workplan	*Varies by workstream
Output	✓ Workstream Charter	✓ Workstream Workplans ✓ Integrated Transformation Roadmap ✓ Revised Workstream Charter (if updates are required)	

Deliverable Deep Dive

Pulse Check Standard Work

Purpose: The Pulse Check Standard work outlines the process for preparing for and facilitating Pulse Check meetings. Pulse Check meetings are highly-structured problem-solving meetings that are designed to increase visibility across workstreams, and promote issue resolution. They provide transparency on progress and challenges and align the group on common objectives.

Executive Summary: The Pulse Check Standard Work resource provides guidance on preparing for and operating a Pulse Check meeting. Key components include business rules for milestone presentation and structured progress update guides in order to effectively monitor progress and promote issue resolution where needed. Additionally, the resource includes templates for each of the Pulse Check components to support planning and preparation for Pulse Check meetings.

Key Outcomes / Findings / Recommendations

- The Pulse Check Standard Work and meetings enabled the TO to establish a structured forum to monitor and support progress across transformation goals.
- The Pulse Check structure was implemented for 4 workstreams: Patient Medical Homes, Workforce Recruitment, Patient Registry, and Medical School Learning Supports.
- The Pulse Check Standard Work resource enables workstreams to continue holding Pulse Check meetings at a regular cadence to monitor progress across transformation goals.

Pulse Check High-Level Standard Agenda

Item	Time	Description	Lead
Kickoff	2 min	• Welcome attendees, acknowledge any regrets • Assign meeting roles (i.e. Timekeeper, Action Taker, etc)	Chair
Results & Benefits Checkpoint	10 min	• Review Workstream Performance Dashboard, (for e.g., benefits realization outcome metrics and key process metrics)	TO Data Lead
Milestone Review	30 min	• Monitor all project milestones, prioritizing problem-solving for at-risk or urgent ones (e.g., 'red' or 'yellow'). General business rules as follows: • If 'green' - celebrate success • If 'yellow' - provide Pulse Check verbal update • If 'yellow' for 2 months or if 'red' - present Pulse Check milestone report • Chair leads group structured coaching questions	Works Direct
Risk & Mitigation Recap	10 min	• Review top risks/issues and check progress on mitigations/actions from previous Pulse Check • Open table discussion for any additional risks or issues	Risk F
Celebrate Success	5 min	• Celebrate successes from milestone updates or Workstream Performance Dashboard • Identify upcoming announce-ables	Reva All pa
Review Effectiveness of Meeting	3 min	• Review adherence to Pulse Check Standard Work and identify which projects to review next • What would we do differently in our next meeting?	Action Chair

Pulse Check Milestone Overview: September 2024

Milestone	Month	Status (Aug)	Status (Sep)	Update today	Lead
PSA Readiness Launch	August 9 th	On track	On track	N/A	Sophie O
Current State Validation	August 22 nd	On track	On track	N/A	Sophie O
Future State Redesign of the Recruitment Process - Physician*	August 30 th	At-risk	At-risk	N/A	Sophie O
Future State Redesign of the Recruitment Process - Allied/Nursing	Sept 26 th	At-risk	At-risk	Milestone Report	Sophie O
PMH Recruitment Plan	September 17 th	At-risk	At-risk	Milestone Report	Sophie O

Status column fill colours: On track (Green), At-risk (Yellow), Urgent (Red) * Parallel efforts underway to support future state process such as a change management plan

Deliverable Deep Dive

Communications Plan

Purpose: The Communications Plan encompasses an array of communications items which were executed on a planned schedule. This strategic approach facilitates engagement with internal and external stakeholders throughout the implementation process, fostering an environment of transparent accountability. The Communications Plan ensures that the right information reaches the appropriate stakeholders at right times, aligning expectations and mitigating potential risks through information sharing.

Executive Summary: Through a quarterly schedule, the Communications Plan outlines regular and milestone-related communications aligning to the overarching transformation goals. The quarterly schedule encompassed a diverse range of communication initiatives, including 10 Status Updates, 7 CEO Memos, 7 Transformation Leadership Tables, 5 Vital Insights reports, 2 Transformation Forums, and materials for ad-hoc communications such as government updates, CHEC Meetings, and QEH/PCH Forums. By utilizing this communication plan, we effectively foster continuous progress, maintain momentum and facilitate execution of the key goals.

Key Outcomes / Findings / Recommendations

- The structured communication plan and related communications developed created a culture of accountability and transparency. This aligned with the healthcare transformation goals and ensured all stakeholders were consistently informed.
- Regular cadence of communications allowed for timely identification and resolution of obstacles.
- The communications plan can continue to be leveraged to ensure TO communications items are being tracked, developed, and shared with stakeholders.

Health PEI
One Island Health System

STAFF RESOURCE CENTRE
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CEO MESSAGE: Exciting Progress in Healthcare Transformation

September 26, 2024

Hi all,

We are continuing to make excellent progress in transforming healthcare delivery on the Island through our existing workstreams and are excited to build on this momentum to support more areas of Health PEI.

The Transformation Office met with the Premier's Office to provide an update on our significant transformation work thus far and demonstrated the dashboards being developed to highlight progress on our transformation priorities.

We also hosted our September 'Pulse Checks' for the Patient Medical Homes, Patient Registry, Workforce Recruitment, and Medical School Learning Support workstreams. These monthly meetings provide a structured approach to monitoring and collaboratively working towards key transformation milestones.

Last week, I noted the Transformation Office is also preparing to support more areas of Health PEI, including the Patient Access & Flow, Diagnostic Imaging Backlogs, and Medical Leadership Supports. We have begun engaging individuals through diagnostic workshops to understand the current state, including key challenges faced in these workstreams. We will be continuing to engage the organization to plan for this work in the coming weeks.

As always, I would like to thank our Health PEI team and health system partners for your incredible work and dedication as we continue our healthcare transformation journey. To learn more about our progress across each of the transformation priorities this past week, please see the Transformation Update Report on the SRG. If you have any interest in any of the work, please reach out to the Workstream Directors or to Meghan Van Gaal, Director of the Transformation Office.

Mei

Communications Schedule

Legend: ★ Milestone, ● Regular Internal Comms, ● Regular External Comms, ▲ Ad Hoc Internal Comms, ▲ Ad Hoc External Comms

	Jul-29	Aug-5	Aug-12	Aug-19	Aug-26	Se-2	Se-9	Se-16	Se-23	Se-30	Oc-7	Oc-14	Oc-21	Oc-28	
Milestones		★ Au-5: PSA Vote Registry Update	★ Au-12: Interim Physician Recruitment Process complete	★ Au-19: WF Recruitment Consolidation	★ Au-26: Half Point to Cabinet Goal Deadline	★ Se-2: Registry Update		★ Se-16: Cabinet Goals Deadline		★ Oc-7: Registry Update					
Milestone-Related Communications		▲ Au-8: Press Release Re: PSA Results	▲ Au-8: WF Recruitment Memo to Leader	▲ Au-8: Media Interviews Re: PSA Results & Registry	▲ Au-19: Vital Insights	▲ Au-21: Meeting with Premier	▲ Au-26: Transformation Forum Pre Briefing	▲ Au-30: Vital Insights Re: Recruitment Process	▲ Au-16: Health PEI ELT Meeting Re: Cabinet Goals	▲ Se-18: Update to Cabinet Re: Cabinet Goals	▲ Se-22: Transformation Forum	▲ Oc-7: CEO Memo Re: Registry Update	▲ Oc-24: Health Recruitment Update		
Other Communications	● Au-31: Status Update	● Au-11: Board Chair Update	● Au-12: CEO Memo Leadership Forum	● Au-19: CEO Memo Transformation Leadership Table (TLT)	● Au-20: Transformation Leadership Table (TLT)	● Au-26: Status Update	● Se-2: Org. Capacity FAQ	● Se-9: Board Chair Update	● Se-16: Status Update	● Se-23: Status Update	● Se-30: Status Update	● Oc-7: Status Update	● Oc-14: Status Update	● Oc-21: Status Update	● Oc-28: Status Update

Workstream Description

Health PEI has embarked on a transformative journey to position itself to ultimately provide excellent healthcare to Islanders.

The aim of this Organizational Capacity workstream was to identify organizational capacity gaps and opportunities to build capacity to ensure the organization is ready to achieve and sustain strategic improvements.

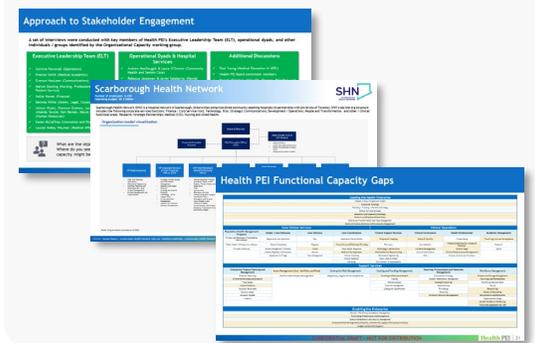
Key Accomplishments

- ✓ Developed an understanding of the current state of Health PEI’s organizational capacity through stakeholder consultation spanning leadership, government, the Board, and patient representatives
- ✓ Identified gaps by analyzing the current state against a jurisdictional scan and leading practice functional framework
- ✓ Developed 20 capacity building opportunities.
- ✓ For each opportunity, contemplated: Value to the organization, Islanders and the system; Potential KPIs to measure outcomes; Planning considerations for implementation

Deliverables

Current State Review and Capacity Gap Analysis

Informed by findings from interviews and research, potential capacity gaps / needs were identified and validated with the ELT and Operations Directors.



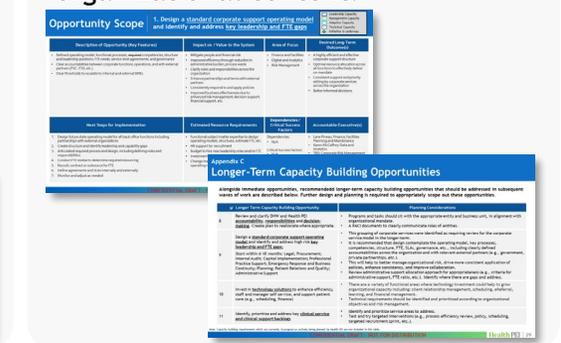
Prioritized Capacity Building Opportunities

To address gaps, a set of capacity building opportunities were co-designed through workshops with leadership. Additional workshops informed the refinement of opportunities.



Summary of Assessment and Findings

20 capacity building opportunities were identified. For each opportunity, the group provided an understanding of the anticipated value, potential KPIs, and planning considerations based on organizational context.



Potential Next Steps

1. Work is underway to address or plan to address each capacity building opportunity and associated functional requirement that was identified. Thirteen of the 20 identified opportunities are in-flight or are embedded in Phase 2 priorities
 - a) Select capacity building opportunities are underway
 - b) Several capacity building opportunities are scoped and budgeted to begin work on as part of Phase 2 priorities
 - c) Other opportunities will inform strategic planning and development of the management plan, which is underway

Deliverable Deep Dive

Current State Review and Capacity Gap Analysis

Purpose: To assess Health PEI's current organizational capacity and identify gaps through stakeholder interviews, leading practice research, and comparison with a health system functional framework.

Executive Summary: The current state review and capacity gap analysis identified 31 specific areas where Health PEI's organizational capacity falls short of the essential elements required for a successful billion-dollar health organization providing the full continuum of care to a population.

Key Outcomes / Findings / Recommendations

- **Organizational Capacity Requirements:** 31 areas in which Health PEI has an opportunity to build organizational capacity to ultimately be better positioned to deliver on its mandate.
- **Mapping to Improvement Opportunities:** The analysis maps each of the 31 organizational capacity requirements to one or more of the later developed capacity building opportunity/opportunities.

Health PEI Functional Capacity Gaps

Capacity Requirement Assessment

Organizational Capacity Assessment

This report section details capacity requirements that were identified using the previously introduced framework to the right.

Capacity requirements on following slides are organized in tables according to the functional area of the capacity requirement, and include the specific function of the requirement and details of the associated process areas.

A detailed view of the process areas that have been identified as capacity requirements for Health PEI can be found (highlighted in yellow) in Appendix B.

Functional Capacity Requirement

Capacity Building Opportunities

CONFIDENTIAL DRAFT - NOT FOR DISTRIBUTION

Area	Requirement	Priority	Opportunity
Clinical Operations	Diagnostic Imaging: Sufficient DI capacity to meet demand and equitable approach to waitlist management.	#11	
Clinical Support Services	Pathology / Lab Services: Sufficient pathology and lab services to meet demand / support acute care settings.	#11	
Clinical Support Services	Medical Device Reprocessing: Manage volumes for medical device reprocessing to meet clinical program need, and adhere to consistent standards provincially, regardless of site.	#11	
Clinical Support Services	Safety & Quality: Implement and scale successful QI initiatives across Health PEI through a standard approach. Ensure clinical and quality standards across the province are established and consistently adhered to for priority program areas.	#12	
Clinical Governance	Incident Management: Sufficient capacity to monitor, manage, and escalate patient incidents.	#9	
Clinical Governance	Professional Practice / Scope of Practice: Supporting nursing and allied health professional practice including models of care, standards and training.	#9	
Health Professionals	Medico-Legal: Appropriate management of clinical and administrative legal risks through effective escalation protocols and use of in-house and external legal services. Access to specialized expertise related to patients, quality, PE, and medical affairs.	#9	
Health Professionals	Clinical Performance Management: Performance management expectations are clearly established. Linked to SPIs, and cascaded throughout the organization. Management has sufficient capacity for performance management cycles for their teams.	#17	
Academic Management	Teaching, Learner Management: Functionality to support the new medical school is established and robust. There is clinical and administrative capacity to manage and provide preceptor / coaching / mentorship support to junior clinicians, clerks, and residents.	#6, #19	

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Deliverable Deep Dive

Prioritized Capacity Building Opportunities

Purpose: Identify capacity building opportunities to address organizational capacity gaps.

Executive Summary: The working group designed 20 capacity building opportunities to address Health PEI's 31 organizational capacity gaps / requirements. These opportunities were informed by four capacity building components from leading practice research: Leadership, Management, Technical and Adaptive. In a series of workshops, Health PEI's Executive Leadership Team (ELT) refined these 20 opportunities and categorized them according to five themes: Improve Patient Care Access and Flow, Build Workforce Capacity and Set Workforce up for Productivity, Technology to Support Patient Care, Build Organizational Excellence in Alignment with Strategy, Support Business Operations.

Key Outcomes / Findings / Recommendations

- **Capacity Building Opportunities:** Contemplation, design and refinement as a leadership team of capacity building opportunities to address capacity requirements at Health PEI.

Elements of Capacity Building for Health PEI

This framework was used to provide a comprehensive approach to identify organizational capacity building opportunities at Health PEI. The four types of organizational capacity, alongside current state analysis, informed the opportunities on slide 12.

Leadership Capacity
Leaders create and sustain the vision, inspire, model, prioritize, make decisions, provide direction and innovate to achieve the organizational mission

Technical Capacity
Teams have the skills, tools and facilities to deliver on programs and manage operations

Capacity Building Opportunity Prioritization Approach

Opportunities were prioritized into two categories to inform what Health PEI should address in a first and then subsequent wave of effort. This is important as the organization has to manage its own capacity to implement new initiatives.

IMMEDIATE CAPACITY BUILDING NEED

- ✓ High risk to the organization or to patient care if not addressed
- ✓ Supports or impacts Health PEI's current strategic priorities

LONGER-TERM CAPACITY BUILDING NEED

- ✓ Indirectly impacts patient care
- ✓ May require some initial investigation and prioritization prior to implement

Organizational Capacity Building Opportunities

Capacity Building Opportunities

IMMEDIATE CAPACITY BUILDING REQUIREMENT - START NOW

1. Design a standard corporate support operating model and identify and address high risk opportunities and FTE gaps. Start immediately. HR, Finance, Digital, Analytics and Privacy, Facilities and Equipment Maintenance, Enterprise Risk Management
2. Secure physical space and create a facilities and supports plan to meet service and administrative needs
3. Simplify resource management processes and address immediate talent gaps based on workforce forecast model and targeted recruitment plan
4. Create a strategy deployment and management system, including developing the "right" leadership capabilities and accountability mechanisms
5. Implement "system optimization" teams to direct patient flow (emergency department and inpatient settings)
6. Review medical leadership roles and responsibilities to enhance clinical leadership capacity
7. Streamline role classification to reduce time to fill roles

LONGER-TERM CAPACITY BUILDING REQUIREMENT - START IN 6 MONTHS

8. Review and clarify DWH and Health PEI accountability responsibilities and decision-making. Create plan to reallocate where appropriate.
9. Design a standard corporate support operating model and identify and address high risk opportunities and FTE gaps. Start within 6-12 months. Legal, Procurement, Internal Audit, Capital Implementation, Professional Practice Support, Emergency Response and Business Continuity Planning, Patient Relations and Quality, Administrative Support
10. Invest in technology solutions to enhance efficiency, staff and manager self-service, and support patient care (e.g., scheduling, finance)
11. Identify, prioritize and address key clinical service and clinical support backlog
12. Create provincial-level clinical service structure for some services to drive standards and quality on the Front line
13. Clarify and communicate leadership's organizational vision and strategy
14. Create an integrated health planning framework and bolster operational planning capacity
15. Create an onboarding program for new staff and learning program for new managers to decrease time to productivity
16. Create and communicate an integrated employee experience and employer brand to enhance recruitment and retention
17. Create focus around Talent Management: Performance Management, Succession Planning, Leadership Development, Compensation Planning, Wellness, Retention
18. Create a DEI plan and strategy
19. Prioritize innovation, research, and continuous improvement by developing internal capabilities and strengthening partnerships with academic institutions
20. Improve patient experience including customer service and patient navigation functions
21. Enhance internal engagement

Note: A description of the prioritization approach can be found in appendix A. One-page summary documents for immediate capacity building opportunities can be found in Section 2. Planning considerations for longer term capacity building opportunities can be found in appendix C. Actual or planned scope of opportunities that an employer can be found in appendix B.

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Deliverable Deep Dive

Summary of Assessment and Findings

Purpose: Equip Health PEI with comprehensive information and guidance for implementing identified capacity building opportunities.

Executive Summary: After identifying the 20 capacity-building opportunities for Health PEI, the working group outlined expected benefits for the healthcare system and Islanders, along with evaluation metrics to measure success and insights into the current organizational context, including recommended actions for implementation and details on ongoing initiatives.

Key Outcomes / Findings / Recommendations

- **Anticipated Value:** The expected benefits of the opportunity for Health PEI, Islanders, and PEI's overall healthcare system.
- **Anticipated Outcomes:** Specific metrics that can be used to evaluate the success of each opportunity.
- **Planning Considerations:** Insights based on the current organizational context, including recommended actions if implementation is pursued and details of underway opportunities.

Opportunity Scope

1. Design a standard corporate support operating model and identify and address key leadership and FTE gaps

- Leadership Capacity
- Management Capacity
- Adaptive Capacity
- Technical Capacity
- Initiative 3: Underway

Description of Opportunity (Key Features)	Impact on / Value to the System	Area of Focus	Desired Long-Term Outcome(s)
<ul style="list-style-type: none"> Defined operating model, functional processes, required competencies, structure and leadership positions, FTE needs, service level agreements, and governance Clear accountabilities between corporate functions, operations, and with external partners (PSC, ITSS, etc.) Clear thresholds to escalate to internal and external SMEs 	<ul style="list-style-type: none"> Mitigate people and financial risk Improved efficiency through reduction in administrative burden, process waste Clarify role and responsibilities across the organization Enhance partnerships and terms with external partners Consistently respond to and apply policies Improved business effectiveness due to enhanced risk management, decision support, financial support, etc. 	<ul style="list-style-type: none"> Finance and Facilities Digital and Analytics Risk Management 	<ul style="list-style-type: none"> A highly efficient and effective corporate support structure Optimal resource allocation across all functions to effectively deliver on mandate

Next Steps for Implementation

- Design future state operating model for all back office functions including partnerships with external organizations
- Create structure and identify leadership and capability gaps
- Anticipated required process and design, including defining roles and responsibilities
- Conduct FTE review to determine required and resourcing
- Recruit, contract or outsource for FTE
- Define agreements and SLAs internally and externally
- Monitor and adjust as needed

Estimated Resource Requirements

- Functional subject matter expertise to design operating models, structures, estimate FTE, etc.
- HR support for recruitment
- Budget to hire new leadership roles and/or FTE
- Investment in capability building
- Change management support to role out operating model and educate staff

Appendix C: Longer-Term Capacity Building Opportunities

Alongside immediate opportunities, recommended longer-term capacity building opportunities that should be addressed in subsequent waves of work are described below. Further design and planning is required to appropriately scope out these opportunities.

#	Longer-Term Capacity Building Opportunity	Planning Considerations
8	Review and clarify DDM and Health PEI accountability, responsibilities and decision-making. Create plan to reallocate where appropriate.	<ul style="list-style-type: none"> Programs and tasks should sit with the appropriate entity and business unit, in alignment with organizational mandate. A RACI documents to clarify
9	Design a standard corporate support operating model and identify and address high risk key leadership and FTE gaps.	<ul style="list-style-type: none"> This grouping of corporate service model is the longer. It is recommended that design competencies, structure, FTE accountabilities across the private partnerships, etc. ; This will help to better map policies, enhance consistent Review administrative support, FTE
10	Invest in technology solutions to enhance efficiency, staff and manager self-service, and support patient care (e.g., scheduling, finance)	<ul style="list-style-type: none"> There are a variety of functional organizational capacity and learning, and financial management, and technical requirements that objectives and risk manage
11	Identify, prioritize and address key clinical service and clinical support backlogs	<ul style="list-style-type: none"> Identify and prioritize services Test and try targeted intern targeted recruitment spring

Note: Capacity building requirements which are currently in progress or actively being planned by Health PEI are not included in this table.

Appendix D: Underway Capacity Building Opportunities

Capacity building opportunities which are either underway or actively being planned by Health PEI are described below.

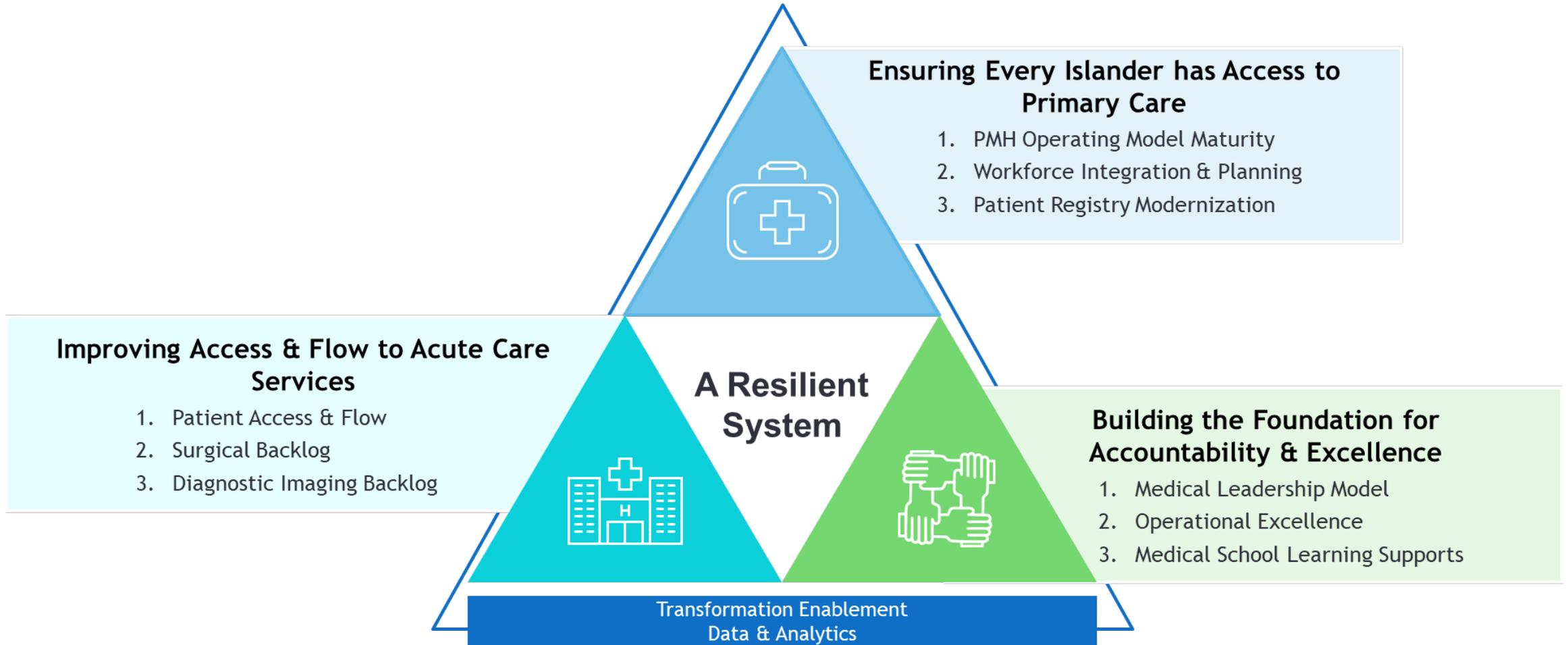
Underway Capacity Building Opportunity	High-Level Description of Actual or Planned Scope	Status	Exec. Lead
5	Implement "system optimization" teams to direct patient flow (emergency department and inpatient settings)	Planning / Not Started	Corinne Rowswell
6	Review medical leadership roles and responsibilities to enhance clinical leadership capacity	Planning / Not Started	Dr. Richard Wedge
7	Streamline role classification to reduce time to fill roles	In Progress	Maura McKinnon



Next Steps

Health PEI

Building on initial wins and scaling transformation



Transformation outcomes to address key challenges



Ensuring Every Islander has Access to Primary Care

Outcomes

1. By 2027, reduce the number of unaffiliated patients by 50,000 (current + expected growth) through new and existing PMHs (approx. 30)
2. Recruit 48 primary care providers and corresponding support roles over the next 2 years. Recruit remaining physician vacancies leveraging new recruitment apparatus
3. Implement a modernized Patient Registry by Spring 2025



Improving Access & Flow to Acute Care Services

Outcomes

1. Reduce ED Provider Initial Assessment time (PIA - 90th percentile) by 35% to align with Canadian average by 2027
2. Increase percentage of patients treated within benchmark to 65% aligned to Canadian average for hip and knee replacement surgeries by 2027
3. Decrease average diagnostic imaging wait times by 25% for CTs, MRIs, and Ultrasounds by 2027



Building the Foundation for Accountability & Excellence

Outcomes

1. Establish an effective medical leadership model through collaborative planning and tangible changes
2. Create a culture of professional accountability and excellence throughout the health system
3. Ensure a customized learning health system for optimal health learning and training opportunities on the Island