# Building and Accelerating Implementation at Health PEI

## Transformation Office Phase 2 Report

June 30, 2025

Health PEI

# Document Overview

## Document Objective

The purpose of this document is to provide an overview of the Health PEI Phase 2 transformation work. Each of the Phase 2 Transformation key outputs is profiled for reference in herein.

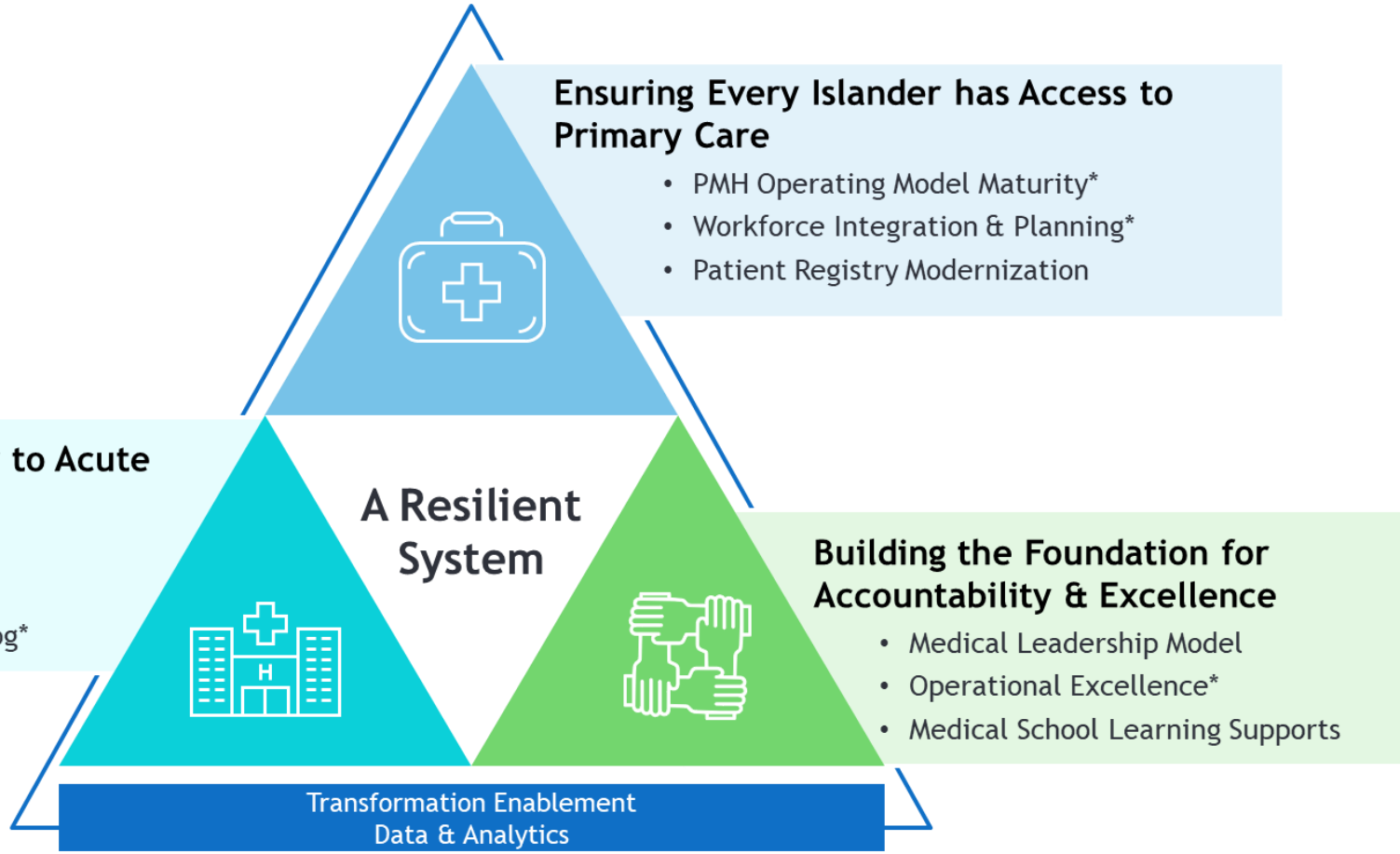
## Table of Contents

# Project Overview

Health PEI

# Phase 2 Transformation: Framework

In Phase 2, we set the stage for HPEI to build on initial wins and scale transformation




*Deliverables included in this document

# Phase 2 Impact Summary

### Advanced Improvements

Scaled transformation efforts initiated in Phase 1 across other areas of the healthcare system.

### Addressed Acute Care Challenges

Launched three new workstreams to reduce wait times for acute care, surgical procedures, and diagnostic imaging.

### Accelerated Improvements in Primary Care

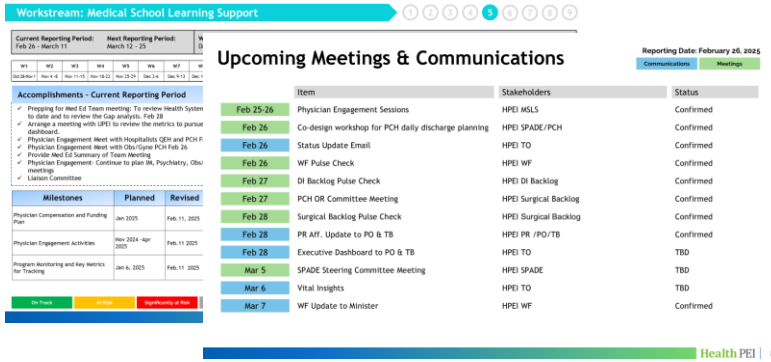
Facilitated the transition to a centralized healthcare recruitment team and assessed the maturity of PMHs across the Island.

### Enabled Data-Driven Insight

Continued building data capacity to support monitoring of progress across transformation initiatives.

## Workstream Dashboards

## Workstream Support



# Phase 2 Objectives & Accomplishments

| | PMH Operating Model Maturity | Workforce Integration | Patient Access & Flow | Surgical Backlog | Diagnostic Imaging Backlog | Operational Excellence | Transformation Office |
|---|---|---|---|---|---|---|---|
| Phase 2 Objective | Focused effort to advance the maturity of existing PMHs in line with the PMH Operating Model and coordinate planning for future PMHs leveraging the PMH Implementation Playbook | Workforce transition and change management for the establishment of the Workforce Recruitment team | Reduce ED wait times by improving inpatient bed availability through optimized transition times and streamlined discharge processes | Reduce surgical wait times by optimizing perioperative processes, staffing, and resources, with a focus on improving pre-surgical preparation and expanding anesthesia capacity | Reduce diagnostic imaging wait times in PEI through process optimization, workforce management, and standardized referral guidelines | Develop Operational Excellence roadmap, and establish foundational elements of management system, engaging executive leadership to drive sustainable performance improvement | Drive change and accelerate transformation through strategic advisory support, project management, risk identification / mitigation, analytics support, and capacity building |
| Key Accomplishments | ✓ Developed the PMH Maturity Model to assess the maturity of each PMH<br>✓ Conducted pilot maturity assessments at 3 PMHs to evaluate the model and approach and begin collecting maturity information<br>✓ Developed key performance indicators for the Physician Services Agreement<br>✓ Updated PMH Implementation Playbook to provide a roadmap for the development of new PMHs<br>✓ Updated PMH Provincial Plan | ✓ Successfully transitioned staff from DHW Recruitment & Retention and Health PEI Talent Management with 85% accepting transfer assignments<br>✓ Delivered a 2-day Recruitment Retreat (January) and a 3-day Knowledge Transfer Series (April) including upskilling and reskilling<br>✓ Designed and delivered onboarding resources to facilitate seamless integration of new team members<br>✓ Supported the hiring of 14 new staff, created interview guides and screening tools - 26 out of 30 staff in post as of April 2025 | ✓ Launched Discharge Rounds at PCH on Surgical, Restorative and Medicine Units<br>✓ Launched Discharge Rounds at QEH on Medicine Unit (Unit 3) and Medical/Provincial Stroke (Unit 8)<br>✓ Established LTC Consultation Group to provide strategic guidance regarding LTC transitions<br>✓ Developed the LTC Admission, Transfer, and Placement Policy & Procedure<br>✓ Launched the Provincial Table | ✓ Developed and implemented standardized procedures and guidelines for timely booking of elective cases, OR cuts & offered time, and historical booking time duration<br>✓ Developed block schedule review process along with data collection tool to inform model<br>✓ Launched a coordinated approach to staffing OR resources to reduce OR cuts, mitigating 24 of OR cuts originally identified<br>✓ Drafted ambulatory and outpatient expansion recommendations<br>✓ Created a revised staffing model for the perioperative areas at QEH & PCH | ✓ Provided a data-driven understanding of MR, CT and US projected demand, system supply, desired system capacity, machine capacity, projected waitlist size, and estimated time to reach benchmark wait times.<br>✓ Propose and supported implementation readiness of context specific staffing model leading practices to improve system resiliency.<br>✓ Designed and launched waitlist validation reviewing 4,700 requisitions of which ~9% were removed as that care was received in other ways.<br>✓ Provided project management support on implementation of Siemens Deep Resolve | ✓ Identified True North pillars and a draft set of corresponding metrics that help understand whether Health PEI is improving over the long term.<br>✓ Developed an Organizational Performance Review Framework in collaboration with pilot groups.<br>✓ Piloted Performance Review Meetings at the Executive Portfolio to Director and Director to Manager level from both a site and provincial service lens.<br>✓ Developed the path forward through the Operational Excellence Roadmap. | ✓ Developed a comprehensive roadmap that established objectives and activities across 7 workstreams<br>✓ Established a communications schedule to align all workstreams<br>✓ Identified, tracked, and responded to critical issues by supporting the SWOT function<br>✓ Developed transition materials to support knowledge transfer across all workstreams and with the HPEI TO<br>✓ Developed TO Exec and Workstream Initiative Dashboards to monitor progress, and enable evidence-based decision-making |

# Phase 2 Workstream Summaries

Health PEI

# Workstream: Patient Medical Homes (PMHs) Operating Model Maturity



## Workstream Description

This workstream aims to reduce the number of unaffiliated patients by 50,000 through new and existing PMHs by 2027. This workstream also seeks to advance the PMH model by supporting active PMHs in achieving greater operational maturity.

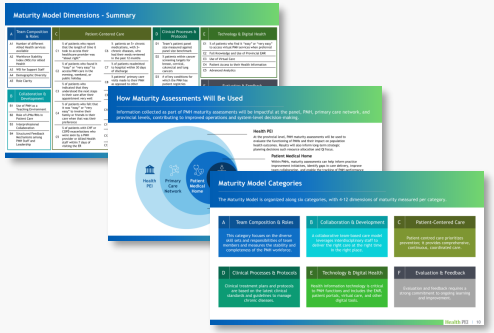
## Key Accomplishments

- ✓ Developed the PMH Maturity Model to assess the maturity of each PMH
- ✓ Conducted pilot maturity assessments at 3 PMHs to evaluate the model and approach and begin collecting maturity information
- ✓ Developed key performance indicators for the Physician Services Agreement
- ✓ Updated PMH Implementation Playbook to provide a roadmap for the development of new PMHs
- ✓ Updated PMH Provincial Plan
- ✓ Supported weekly PMH Task Force meetings

## Deliverables

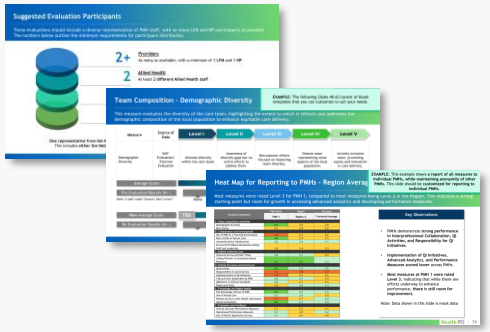
### PMH Maturity Model

Outlines the vision, approach, and KPIs for the PMH Maturity Model to assess PMHs and enable continuous practice improvement for PMHs.



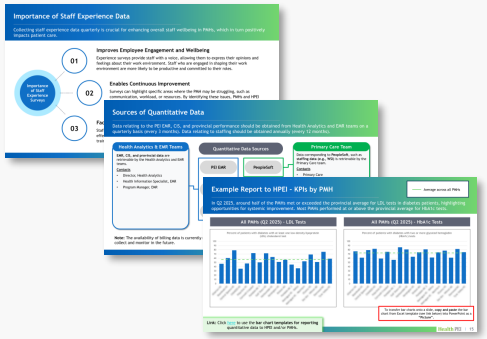

### PMH Maturity Evaluation Facilitation Guide

Provides step-by-step guidance and templates for the preparation and facilitation of PMH maturity evaluations.




### PMH Guidance on Quantitative Assessments & Experience Surveys

Provides guidance on collecting, interpreting, and using data on clinical outcomes and operational processes.




## Potential Next Steps

- Conduct Maturity assessments at all active PMHs
- Work with PMHs to integrate assessment findings and recommendations into QI activities
- Collect data for quantitative maturity KPIs and begin monitoring and reviewing them
- Finalize and implement PSA KPIs
- Use PMH Implementation Playbook to plan for new and expanding PMHs

## Deliverable Deep Dive

### PMH Maturity Model

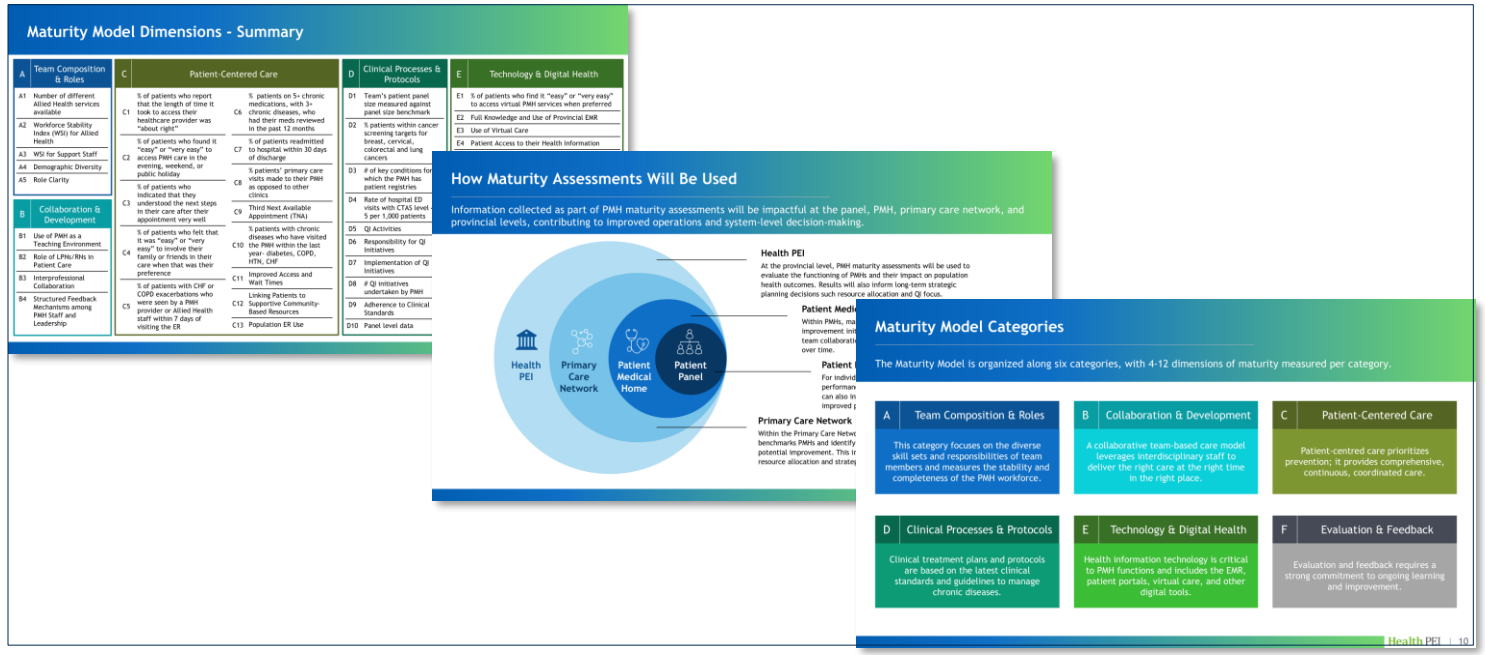
**Purpose:** To outline the PMH Maturity Model and the proposed 43 qualitative and quantitative maturity measures. This work has a variety of purposes, including:

- Assessing the maturity of each PMH.
- Evaluating province-wide primary care and population health goals and metrics.
- Providing a tool for PMHs to use for continuous practice improvement and to strive toward the maturity outlined in the PMH Operating Model.

**Executive Summary:** The PMH Maturity Model outlines the methodology and approach for the proposed PMH maturity measures and associated maturity assessments. These measures were developed through a literature review and jurisdictional scan, input from HPEI stakeholders, a review of assessment tools currently in use at HPEI, and in alignment with the PMH Operating Model.

### Key Outcomes / Findings / Recommendations

- Outlined the purpose, scope of PMH Maturity Model work.
- Identified key sources of information for maturity assessments, including formal evaluations, quantitative data, and patient and provider experience surveys.
- Proposed 43 KPIs to evaluate maturity across six categories of maturity.
- Collected feedback on proposed maturity measures from clinical, operational stakeholders, including LFMs and NPs
- Outlined how maturity assessments should be used by. HPEI, PMHs and PCNs to improve operations and system-level decision making.



## Deliverable Deep Dive

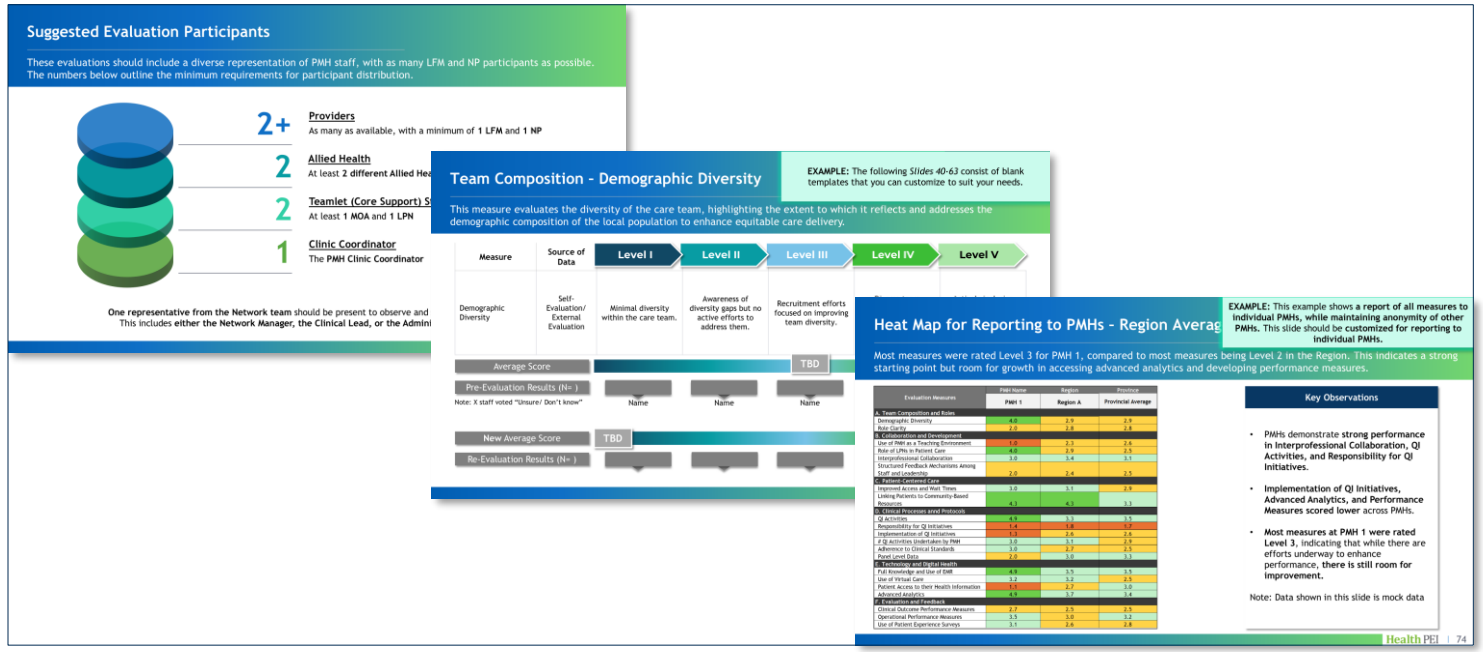
### PMH Maturity Evaluation Facilitation Guide

**Purpose:** To provide step-by-step guidance and tools for the formal evaluation component of the PMH Maturity Assessment. Formal evaluations are used to determine PMH maturity across various qualitative measures through a consensus-building exercise leveraging the insights and experience of PMH staff.

**Executive Summary:** PMH Maturity Evaluations use a consensus-building team exercise to assess a subset of qualitative Maturity Model measures. They are planned to be conducted for all PMHs on an annual basis and led by Practice Facilitators. The Facilitation Guide provides guidance on how to plan for each evaluation, how to conduct the in-person component of the assessment, and how to report PMH evaluation results at the HPEI and PMH level. The deliverable includes an accompanying Excel tool, along with templates and materials to be used for the evaluations.

### Key Outcomes / Findings / Recommendations

- Conducted 3 pilot maturity evaluations for 3 PMHs to test and refine the maturity evaluation facilitation approach.
- Worked with HPEI to determine the appropriate group to take on facilitation of maturity evaluations; determined that Practice Facilitators should take on the work.
- Provided guidance and templates on the evaluation facilitation process to enable Practice Facilitators to prepare for evaluations, facilitate the in-person sessions, report results, and embed findings in QI initiatives.



## Deliverable Deep Dive

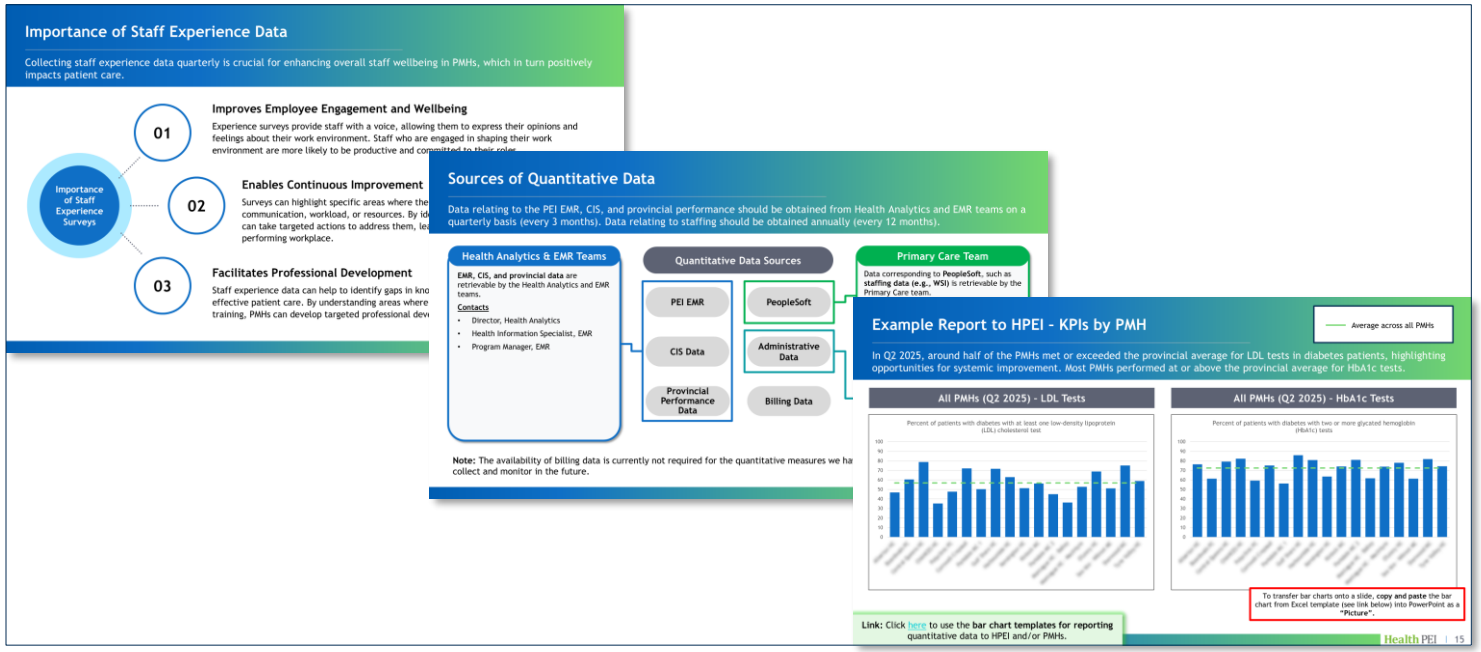
# PMH Guidance on Quantitative Assessments & Experience Surveys

**Purpose:** To provide guidance and tools for assessing PMH maturity through two key areas: 1) Quantitative Measures and 2) Patient and Staff Experience. Quantitative data evaluates PMH maturity using clinical and operational metrics, while qualitative insights from patient and staff experience surveys highlight areas for improvement within each PMH.

**Executive Summary:** Patient experience, staff experience, and quantitative measures are critical to assessing the maturity of PMHs. This deliverable outlines relevant maturity measures and provides guidance on how to collect and analyze information to assess these KPIs. The deliverable includes an accompanying Excel tool.

## Key Outcomes / Findings / Recommendations

- Worked with HPEI Health Analytics to determine which quantitative measures could currently be reported on using the EMR and other data sources.
- Provided recommendations on how quantitative data should be collected and reported.
- Provided guidance on how to design and conduct patient and staff experience surveys, based on leading practices and a review of similar surveys used in PEI and in other Canadian jurisdictions.



# Workstream: Workforce Integration & Planning



## Workstream Description

This workstream aims on completing the workforce transition and leading change management activities to integrate the Department of Health and Wellness Recruitment & Retention Team with the Health PEI Talent Management Team, forming a unified recruitment unit under Health PEI Human Resources.

## Key Accomplishments

- ✓ Successfully transitioned staff from DHW Recruitment & Retention and Health PEI Talent Management with 85% accepting transfer assignments
- ✓ Delivered a 2-day Recruitment Retreat (January) and a 3-day Knowledge Transfer Series (April) including upskilling and reskilling
- ✓ Designed and delivered onboarding resources to facilitate seamless integration of team members
- ✓ Supported the hiring of 14 new staff, created interview guides and screening tools - 26 out of 30 staff in post as of April 2025

## Deliverables

**Future State Organizational Design**

Organizational structure defining team roles, responsibilities, and reporting relationships to support the new one-team approach.

**Treasury Board Approval**

Formal approval for the transfer of personnel and funding from the Department of Health and Wellness to Health PEI.

**Communications Plan**

Roadmap and implementation of transition and communication activities that ensures stakeholder alignment, engagement, and adoption of change and new ways of working.

**Future State Blueprint**

Document outlining the unified Recruitment Team's vision, mandate, ways of working, and accountabilities.

**Recruitment Retreat & Knowledge Transfer Series**

Facilitated workshop designed to align the new team on objectives, expectations, and collaboration strategies in the new structure.

## Potential Next Steps

- Clarify Roles and Responsibilities: Define, document, and broadly communicate roles, responsibilities, and workflows to drive accountability and ensure alignment across teams.
- Reinforce and Grow HR Leadership: Reinforce consistent leadership and explore succession planning opportunities to strengthen HR leadership capabilities.
- Deepen Stakeholder Engagement: Establish structured collaboration forums and targeted engagement with operational stakeholders to position recruitment as a strategic business partner.

## Deliverable Deep Dive

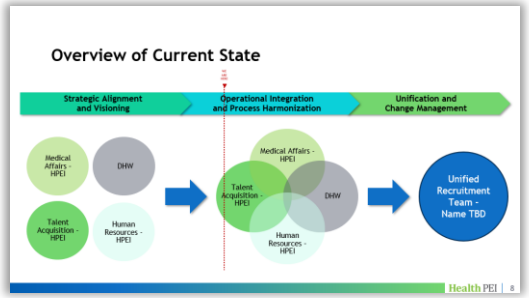
# Future State Organizational Design

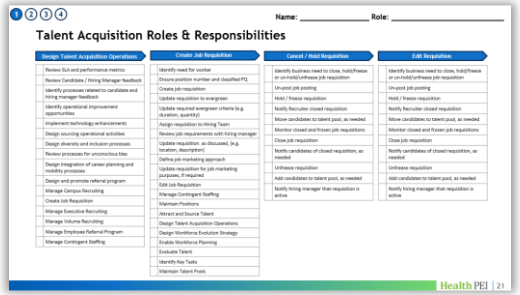
**Purpose:** To design a unified recruitment structure that reflects leading practices and enables a more effective, coordinated approach to workforce recruitment across Health PEI.

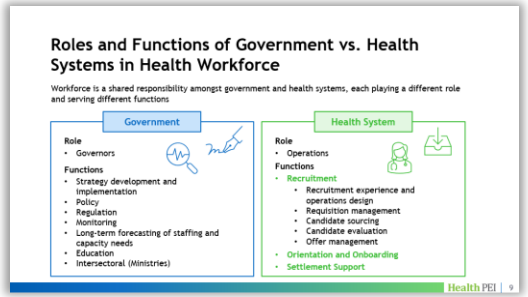
**Executive Summary:** Through a series of visioning and design sessions with staff from the Department of Health and Wellness and Health PEI, we co-developed a future state organizational model that aligns roles and responsibilities with leading practices in talent acquisition. The structure was iteratively refined with HR leadership, incorporates clear portfolio divisions, and was validated by executive leadership to ensure system-wide alignment and readiness for implementation.

## Key Outcomes / Findings / Recommendations

- Defined role clarity between sourcing and recruitment activity to support both proactive pipeline development and strategic business partnering.
- Identified the need for expanded administrative capacity to enable greater focus on specialized activities such as immigration, LMIA processing, and metrics and reporting.
- Established a pod-based delivery model where Recruitment Specialists, Sourcing Specialists, and Coordinators are grouped by professions to provide end-to-end, single-point-of-contact recruitment support.




# Deliverable Deep Dive

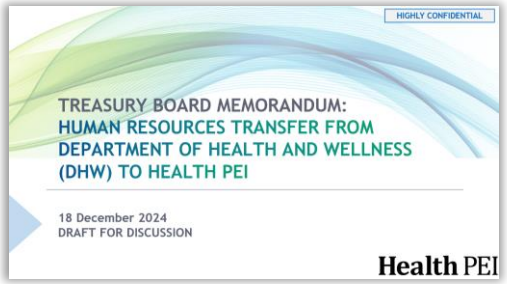
## Treasury Board Approval

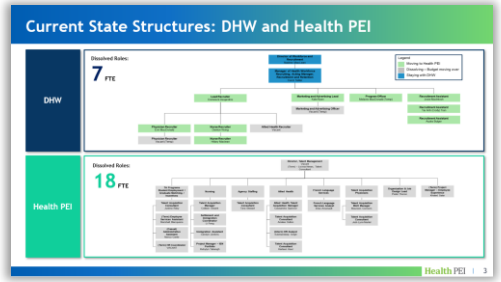
**Purpose:** To secure formal approval for the transfer of personnel and funding from the Department of Health and Wellness to Health PEI, enabling implementation of the unified recruitment structure.

**Executive Summary:** Collaborated closely with leaders from the Department of Health and Wellness, Health PEI, and respective finance teams to align on the operational, financial, and staffing implications of the workforce transition. This included validating payroll impact, benefits considerations, and funding transfers. The engagement culminated in the successful Treasury Board approval of 30 FTEs and corresponding budget to support the future state structure.

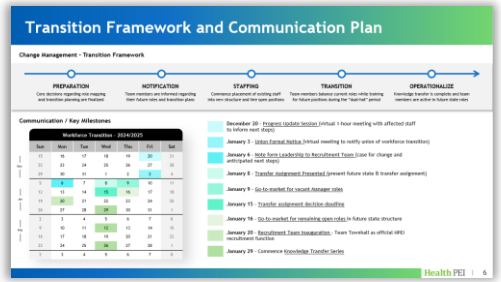
## Key Outcomes / Findings / Recommendations

- Secured Treasury Board approval for 30 FTEs and corresponding budget aligned to the unified recruitment team structure.
- Developed a detailed transition framework outlining staff movement, financial transfers, and implementation timelines.
- Established a coordinated engagement approach across HR and finance leaders to ensure operational readiness and alignment.







## Deliverable Deep Dive

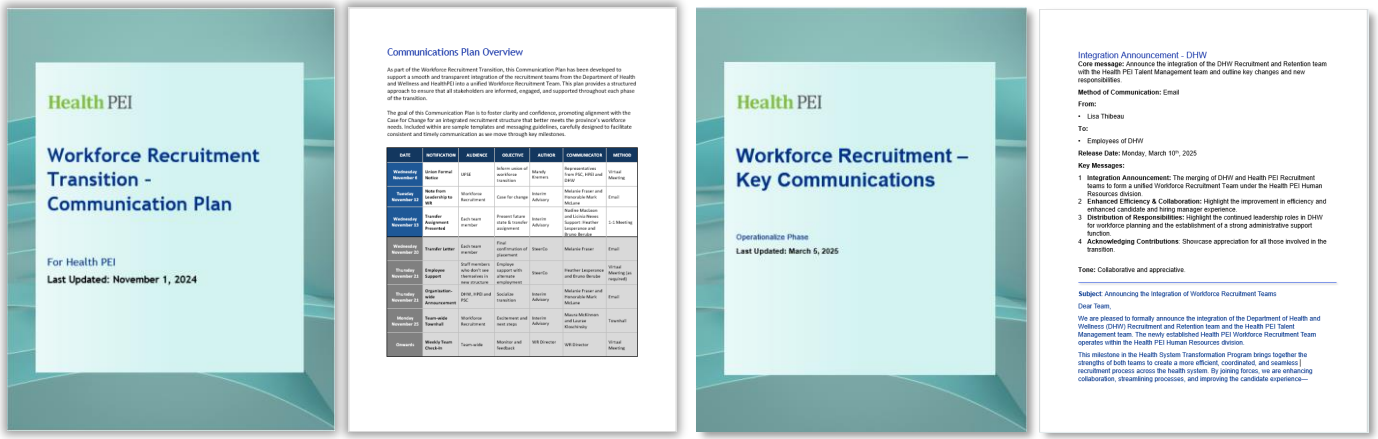
### Communications Plan

**Purpose:** To support a smooth and transparent transition to the unified recruitment structure through targeted communications, engagement, and change management activities.

**Executive Summary:** A comprehensive set of change management tools and activities were developed to guide staff through the transition, including a communication plan, talk tracks for leaders, and detailed FAQs covering topics such as benefits, timelines, and workspace logistics. Multiple engagement sessions were held at key checkpoints to keep employees informed and supported. These efforts were coordinated and deployed through the Steering Committee to ensure alignment across leadership.

### Key Outcomes / Findings / Recommendations

- Developed and executed a multi-channel communication strategy to keep staff informed, engaged, and supported throughout the transition.
- Equipped leaders with talk tracks and FAQs to ensure consistent, empathetic, and transparent messaging during role assignment and placement.
- Held recurring engagement touchpoints to provide clarity, surface questions, and maintain trust as the transition progressed.



## Deliverable Deep Dive

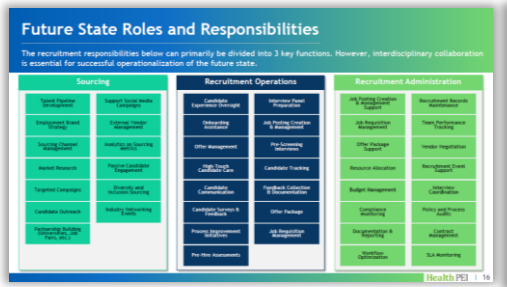
### Future State Blueprint

**Purpose:** To articulate the structure, roles, and operating model of the unified recruitment team, providing clarity on how the future state will function and add value across the organization.

**Executive Summary:** The Future State Blueprint outlined the vision for a high-performing recruitment function, introducing the new pod structure, key role responsibilities, and expectations for recruitment to operate as a strategic business partner. It included a roles and responsibilities and high-level job architecture to clarify how roles interact within the team. Approved by the Steering Committee, the blueprint was shared with employees during the notification period and used to engage broader stakeholders in understanding the future direction of the function.

### Key Outcomes / Findings / Recommendations

- Defined a new way of working through pods and clarified role interplay to support team coordination and accountability.
- Positioned recruitment as a strategic HR partner focused on proactive talent planning and integrated service delivery.
- Enabled organization-wide awareness and alignment by distributing the blueprint to both team members and external stakeholders.





## Deliverable Deep Dive

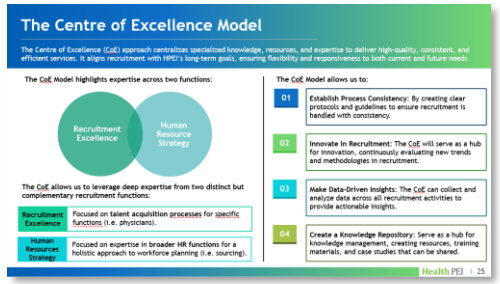
### Recruitment Retreat & Knowledge Transfer Series

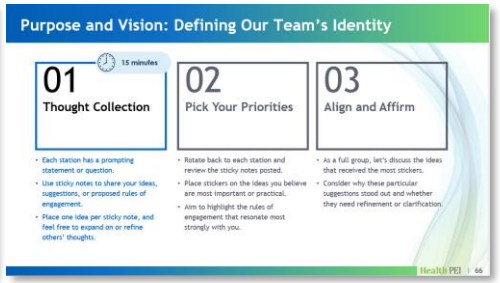
**Purpose:** To bring together the newly unified recruitment team to build relationships, align on new ways of working, and strengthen capabilities through targeted knowledge transfer and skill development.

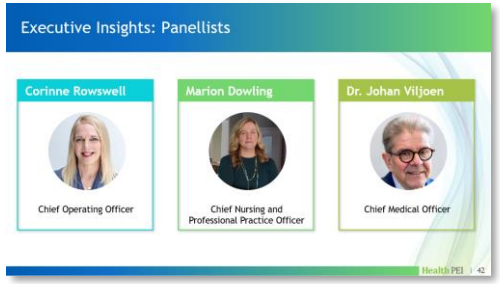
**Executive Summary:** Held in person at the Atlantic Technology Centre, these sessions focused on team building, role clarity, and setting shared expectations across the newly integrated structure. The Recruitment Retreat emphasized relationship-building, working norms, and the POD model, while the Knowledge Transfer sessions focused on upskilling, portfolio-specific action planning, and establishing subject matter expertise. Fireside chats with operational leaders and executives deepened cross-functional understanding, strengthened strategic alignment, and reinforced recruitment's role as a partner to the broader health system. Staff feedback was overwhelmingly positive, with many citing the sessions as some of the best onboarding experiences they've had.

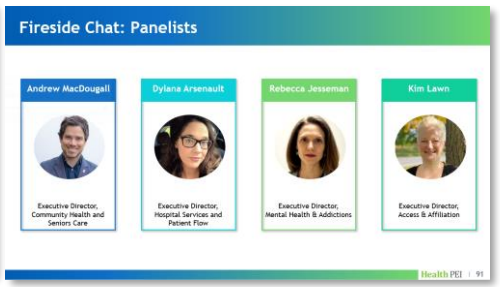
### Key Outcomes / Findings / Recommendations

- Established clear expectations and working norms within and across PODs to enable collaboration and accountability.
- Developed action plans for each portfolio to build subject matter expertise and advance recruitment effectiveness.
- Strengthened internal relationships and strategic alignment through leadership engagement, cross-functional learning, and dedicated team-building.



# Workstream: Patient Access & Flow



## Workstream Description

This workstream aims to reduce ED wait times by improving inpatient bed availability through optimized transition times and streamlined discharge processes, including transitions to Long-Term Care (LTC).

## Key Accomplishments

- ✓ Launched Discharge Rounds at PCH on Surgical, Restorative and Medicine Units
- ✓ Launched Discharge Rounds at QEH on Medicine Unit (Unit 3) and Medical/Provincial Stroke (Unit 8)
- ✓ Established LTC Consultation Group to provide strategic guidance regarding LTC transitions
- ✓ Developed the LTC Admission, Transfer, and Placement Policy & Procedure
- ✓ Launched the Provincial Table

## Deliverables

**Jurisdictional Scan**

Document that outlines global and national leading practices in hospital bed management and discharge planning to support overall PEI health system patient flow.

**Current State Assessment**

Document that defines the current state, key challenges, and improvement opportunities to help improve patient flow in PEI.

**Solution Design, Implementation Plan and Support**

Includes the Discharge Planning Framework and a refresh of the LTC Admissions, Transfer and Placement Policy and Procedure.

**Roadmap** (i.e., Transition Plan)

A roadmap outlining, for each of the seven identified opportunities, recommended actions that should occur within the next 6-12 months to support workstream progress.

## Potential Next Steps

1. Finalize and roll-out refreshed LTC Admission, Transfer, and Placement policy across the province.
2. Rollout Discharge Planning Framework, including Discharge Rounds and SWAT to community hospitals.
3. Conduct assessment of emergency department alternatives for low-acuity patients, including population analysis of current ED utilization patterns and benchmarking against leading industry practices.
4. Review provincial LTC facility staffing models against leading practices to identify optimization opportunities in staffing and training that will enhance capacity and support LTC bed expansion plans.

# Deliverable Deep Dive

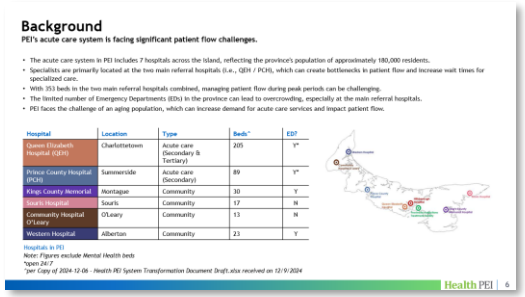
## Jurisdictional Scan

**Purpose:** The purpose of the Jurisdictional Scan is to identify global and national leading practices in patient flow (e.g., hospital bed management, discharge planning) to enhance overall health system flow patient flow. This document is used to support the assessment phase of work and can help determine potential workstream opportunities.

**Executive Summary:** A scan of leading practices has been completed to gather information from various organizations to understand how they have decreased bed empty times and length of stay (LOS) through bed management, discharge planning, community transitions and health human resources strategies. The scan highlights several leading practices with corresponding case studies across the U.S., U.K., and Canada.

## Key Outcomes / Findings / Recommendations

- Identified leading practices across the four categories of bed management, discharge planning, community transitions, and health human resource optimization, including:
  - Centralized bed management;
  - Structured discharge planning tools;
  - Standardized post-discharge follow up;
  - Flexible staffing models;
  - AI-powered decision support tools.
- Prioritized list of interventions based on impact on Bed Empty Time and LOS, as well as effort.
- Informed current state assessment and path forward.


Background

PEI's acute care system is facing significant patient flow challenges.

- The acute care system in PEI includes 7 hospitals across the Island, reflecting the province's population of approximately 180,000 residents.
- Specialists are primarily located at the two main referral hospitals (i.e., QEH / PCH), which can create bottlenecks in patient flow and increase wait times for specialized care.
- With 353 beds in the two main referral hospitals combined, managing patient flow during peak periods can be challenging.
- The limited number of Emergency Departments (EDs) in the province can lead to overcrowding, especially at the main referral hospitals.
- PEI faces the challenge of an aging population, which can increase demand for acute care services and impact patient flow.

| Hospital | Location | Type | Beds* | ED? |
|---|---|---|---|---|
| Queen Elizabeth Hospital (QEH) | Charlottetown | Acute care (Secondary & Tertiary) | 205 | Y* |
| Prince County Hospital (PCH) | Summerside | Acute care (Secondary) | 89 | Y* |
| Kings County Memorial | Montague | Community | 30 | Y |
| Souris Hospital | Souris | Community | 17 | N |
| Community Hospital O'Leary | O'Leary | Community | 13 | N |
| Western Hospital | Albertan | Community | 23 | Y |

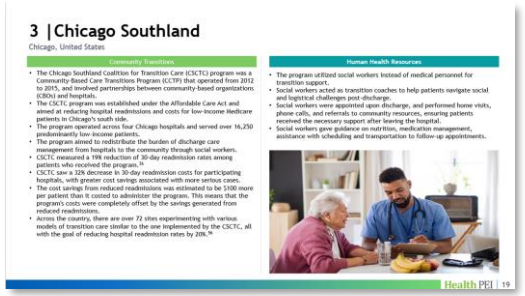
Hospitals in PEI

Note: Figures exclude Mental Health beds

*open 24/7

*per Copy of 2024-12-06 - Health PEI System Transformation Document Draft.xlsx received on 12/9/2024

Health PEI | 6


3 | Chicago Southland

Chicago, United States

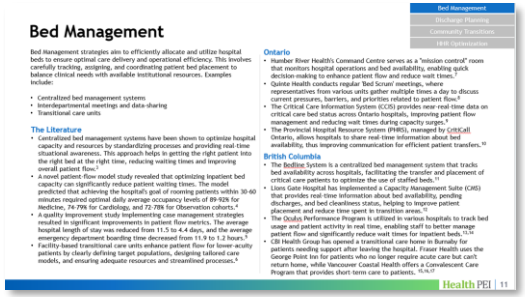
Community Transitions

- The Chicago Southland Coalition for Transition Care (CSCTC) program was a Community-Based Care Transitions Program (CCTP) that operated from 2012 to 2015, and involved partnerships between community-based organizations (CBOs) and hospitals.
- The CSCTC program was established under the Affordable Care Act and aimed at reducing hospital readmissions and costs for low-income Medicare patients in Chicago's south side.
- The program operated across four Chicago hospitals and served over 16,250 predominantly low-income patients.
- The program aimed to redistribute the burden of discharge care management from hospitals to the community through social workers.
- CSCTC measured a 19% reduction of 30-day readmission rates among patients who received the program.[35]
- CSCTC saw a 32% decrease in 30-day readmission costs for participating hospitals, with greater cost savings associated with more serious cases.
- The cost savings from reduced readmissions was estimated to be $500 more per patient than it costed to administer the program. This means that the program's costs were completely offset by the savings generated from reduced readmissions.
- Across the country, there are over 72 sites experimenting with various models of transition care similar to the one implemented by the CSCTC, all with the goal of reducing hospital readmission rates by 20%.[36]

Human Health Resources

- The program utilized social workers instead of medical personnel for transition support.
- Social workers acted as transition coaches to help patients navigate social and logistical challenges post-discharge.
- Social workers were appointed upon discharge, and performed home visits, phone calls, and referrals to community resources, ensuring patients received the necessary support after leaving the hospital.
- Social workers gave guidance on nutrition, medication management, assistance with scheduling and transportation to follow-up appointments.

Health PEI | 19


Bed Management

Bed Management strategies aim to efficiently allocate and utilize hospital beds to ensure optimal care delivery and operational efficiency. This involves carefully tracking, assigning, and coordinating patient bed placement to balance clinical needs with available institutional resources. Examples include:

- Centralized bed management systems
- Interdepartmental meetings and data-sharing
- Transitional care units

The Literature

- Centralized bed management systems have been shown to optimize hospital capacity and resources by standardizing processes and providing real-time situational awareness. This approach helps in getting the right patient into the right bed at the right time, reducing waiting times and improving overall patient flow.[1]
- A novel patient-flow model study revealed that optimizing inpatient bed capacity can significantly reduce patient waiting times. The model predicted that achieving the hospital's goal of rooming patients within 30-60 minutes required optimal daily average occupancy levels of 89-92% for Medicine, 74-79% for Cardiology, and 72-78% for Observation cohorts.[4]
- A quality improvement study implementing case management strategies resulted in significant improvements in patient flow metrics. The average hospital length of stay was reduced from 11.5 to 4.4 days, and the average emergency department boarding time decreased from 11.9 to 1.2 hours.[5]
- Facility-based transitional care units enhance patient flow for lower-acuity patients by clearly defining target populations, designing tailored care models, and ensuring adequate resources and streamlined processes.[6]

Ontario

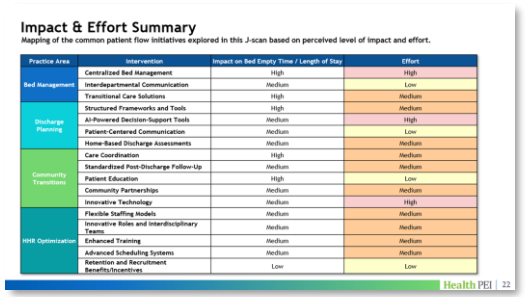
- Humber River Health's Command Centre serves as a "mission control" room that monitors hospital operations and bed availability, enabling quick decision-making to enhance patient flow and reduce wait times.[7]
- Quinte Health conducts regular 'Bed Scrum' meetings, where representatives from various units gather multiple times a day to discuss current pressures, barriers, and priorities related to patient flow.[8]
- The Critical Care Information System (CCIS) provides near real-time data on critical care bed status across Ontario hospitals, improving patient flow management and reducing wait times during capacity surges.[9]
- The Provincial Hospital Resource System (PHRS), managed by CritiCall Ontario, allows hospitals to share real-time information about bed availability, thus improving communication for efficient patient transfers.[10]

British Columbia

- The Bedline System is a centralized bed management system that tracks bed availability across hospitals, facilitating the transfer and placement of critical care patients to optimize the use of staffed beds.[11]
- Lions Gate Hospital has implemented a Capacity Management Suite (CMS) that provides real-time information about bed availability, pending discharges, and bed cleanliness status, helping to improve patient placement and reduce time spent in transition areas.[12]
- The Oculus Performance Program is utilized in various hospitals to track bed usage and patient activity in real time, enabling staff to better manage patient flow and significantly reduce wait times for inpatient beds.[13,14]
- CBI Health Group has opened a transitional care home in Burnaby for patients needing support after leaving the hospital. Fraser Health uses the George Point Inn for patients who no longer require acute care but can't return home, while Vancouver Coastal Health offers a Convalescent Care Program that provides short-term care to patients.[15,16,17]

Bed Management | Discharge Planning | Community Transitions | HHR Optimization

Health PEI | 11


Impact & Effort Summary

Mapping of the common patient flow initiatives explored in this J-scan based on perceived level of impact and effort.

| Practice Area | Intervention | Impact on Bed Empty Time / Length of Stay | Effort |
|---|---|---|---|
| Bed Management | Centralized Bed Management | High | High |
| | Interdepartmental Communication | Medium | Low |
| | Transitional Care Solutions | High | Medium |
| Discharge Planning | Structured Frameworks and Tools | High | Medium |
| | AI-Powered Decision-Support Tools | Medium | High |
| | Patient-Centered Communication | Medium | Low |
| | Home-Based Discharge Assessments | Medium | Medium |
| Community Transitions | Care Coordination | High | Medium |
| | Standardized Post-Discharge Follow-Up | Medium | Medium |
| | Patient Education | High | Low |
| | Community Partnerships | Medium | Medium |
| | Innovative Technology | Medium | High |
| HHR Optimization | Flexible Staffing Models | Medium | Medium |
| | Innovative Roles and Interdisciplinary Teams | Medium | Medium |
| | Enhanced Training | Medium | Medium |
| | Advanced Scheduling Systems | Medium | Medium |
| | Retention and Recruitment Benefits/Incentives | Low | Low |

Health PEI | 22

# Deliverable Deep Dive

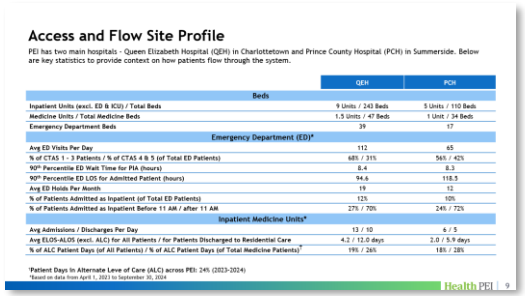
## Current State Assessment

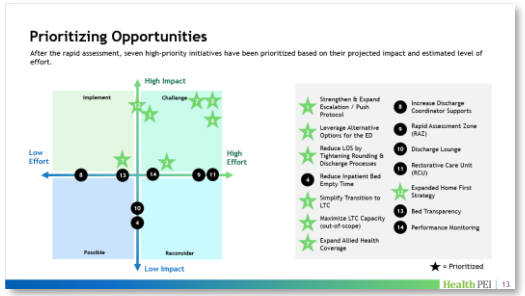
**Purpose:** The Current State Assessment document provides a detailed overview of the province's access and flow dynamics, highlighting findings and identifying areas for improvement. It prioritizes potential opportunities based on their expected impact and the effort required for implementation. This document equips leadership and stakeholders with valuable insights to informed strategic decision-making regarding the workstream.

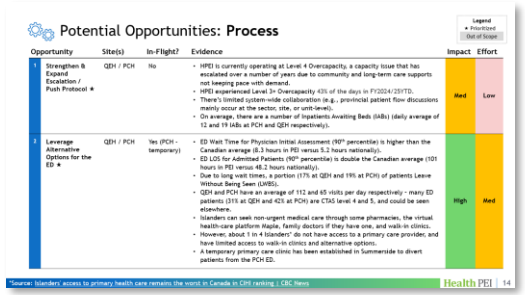
**Executive Summary:** The Current State Assessment identified that PEI's healthcare system is under severe strain, impacting patient flow. Informed by a series of leader / frontline interviews, hospital site visits, and policy / data analysis, a number of opportunities were identified across three domains: process, capacity and workforce management, and accountability and communication. Strategic prioritization of these opportunities enabled the workstream to focus on seven high-impact areas.

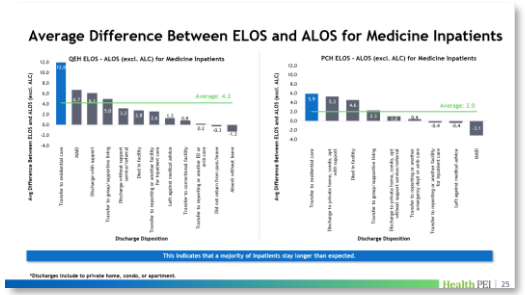
## Key Outcomes / Findings / Recommendations

- Prioritization of the opportunities informed the implementation of seven workstream opportunities:
  - Home First Strategy;
  - Streamline Transition to LTC;
  - Maximize LTC Capacity (Out-of-Scope);
  - Tighten Discharge Planning;
  - Expand Allied Health;
  - Expand Push & Escalation Protocols;
  - Leverage Alternative ED Options.



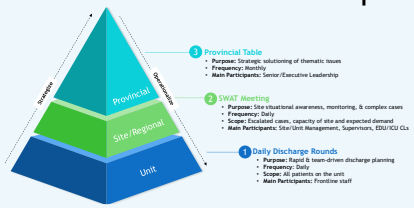



## Solution Design, Implementation Plan and Support: Discharge Planning Framework

**Purpose:** The integrated Discharge (D/C) Planning Framework is a collection clinically guided tools used to support the implementation of discharge planning initiatives across the unit, site, and provincial level, including daily unit-level Discharge Rounds, site-level SWAT (System Workflow and Tactics) discussions, and an executive Provincial Table. Collectively, these tools shall support ensuring streamlined discharges and transitions of care that are tailored to patient needs.

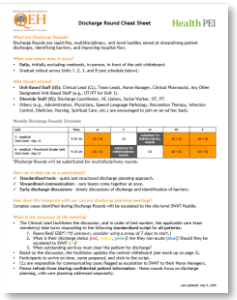
**Executive Summary:** The Discharge Planning Framework includes:

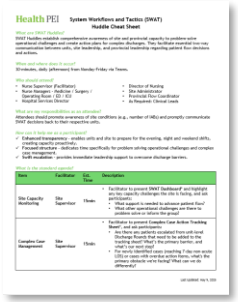
- Monthly **provincial table** with senior / executive leadership focused on strategic solutioning of thematic issues;
- Regular **SWAT** discussions to generate site situational awareness and monitoring across hospital administration;
- Daily rapid multidisciplinary **Discharge Rounds** focused on discharge planning for all patients on a unit.

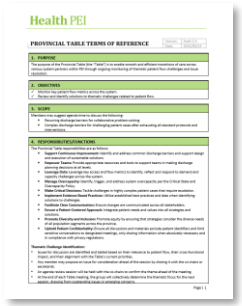



## Key Outcomes / Findings / Recommendations

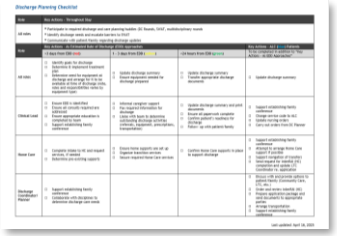
- Hosted workshops at PCH and QEH to co-design Discharge Rounds approach.
- Hosted roles and responsibilities workshop at PCH to clarify discharge planning roles and responsibilities at various stages of a patient's journey.
- Launched Discharge Rounds on the Medicine and Surgical/Restorative units at PCH, and on Medicine (Unit 3) and Medicine/Provincial Stroke (Unit 8) at QEH.
- Supported decrease in IABs (Inpatients Awaiting Beds) and ALC (Alternative Level of Care) patients.
- Established materials to support continued rollout of Discharge Rounds.

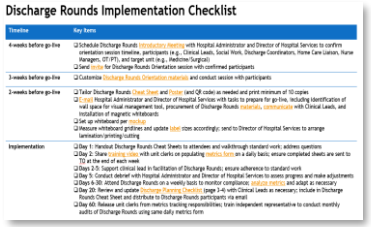

D/C Rounds Cheat Sheet


SWAT Cheat Sheet

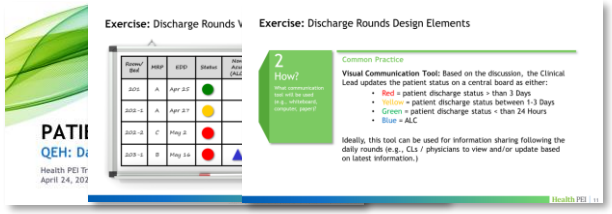

Provincial Table TOR

D/C Rounds Tracking Tool & Training Video


D/C Roles & Responsibilities Checklist



D/C Round Implementation Guide



D/C Round Orientation Materials

## Deliverable Deep Dive

### Solution Design, Implementation Plan and Support: LTC Admissions, Transfer, and Placement Policy and Procedure

**Purpose:** As part of the opportunity "Streamline Transitions to LTC", a series of sessions with a LTC Consultation Group (inclusive of various representatives from acute care, public LTC and private LTC) were conducted to design and refresh current LTC policies. The output was a refreshed LTC Admissions, Transfer, and Placement Policy and Procedure (the "Policy"), which shall serve as the overarching policy regarding transitions from community and acute care to LTC facilities. This policy outlines the standards and practices that system stakeholders should adhere to in order to streamline the flow of patients from acute care to LTC.

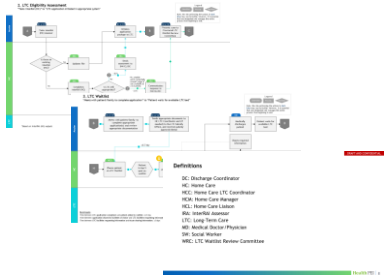
**Executive Summary:** The refreshed LTC Admission, Transfer and Placement Policy will replace two existing policies: Admission to Long-Term Care List Management and LTC Admission to Long-Term Care. This new policy includes information regarding LTC eligibility assessments, LTC waitlist management, the provincial LTC Waitlist Review Committee, the new Appeals Process, information-sharing guidelines, and timelines for transitioning patients from hospital to an LTC facility.

### Key Outcomes / Findings / Recommendations

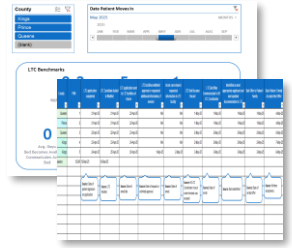
Major changes include:

- Adjustments to the end-to-end LTC placement process, including roles and responsibilities.
- Consolidation of three Placement Committees into a single Waitlist Review Committee focused on complex cases.
- Standardized packaging of patient information to avoid delays in reviewing applications.
- Timeline benchmarks with improved tracking.
- Collaborative protocols for cases where LTC facilities withhold initial patient approval.
- A new formal appeals process for patients to request further review of approval-withholds.

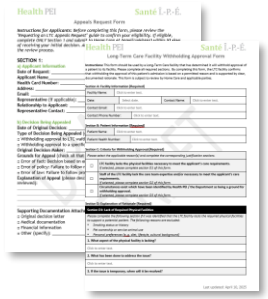
**Revised LTC Admissions, Transfer, and Placement Policy**



**LTC Placement Process Maps** (per workshop with LTC facilities, acute care, and home care)



**LTC Benchmarks Tracking Tool**



**Assets (e.g., forms) to support rollout of policy**

# Deliverable Deep Dive

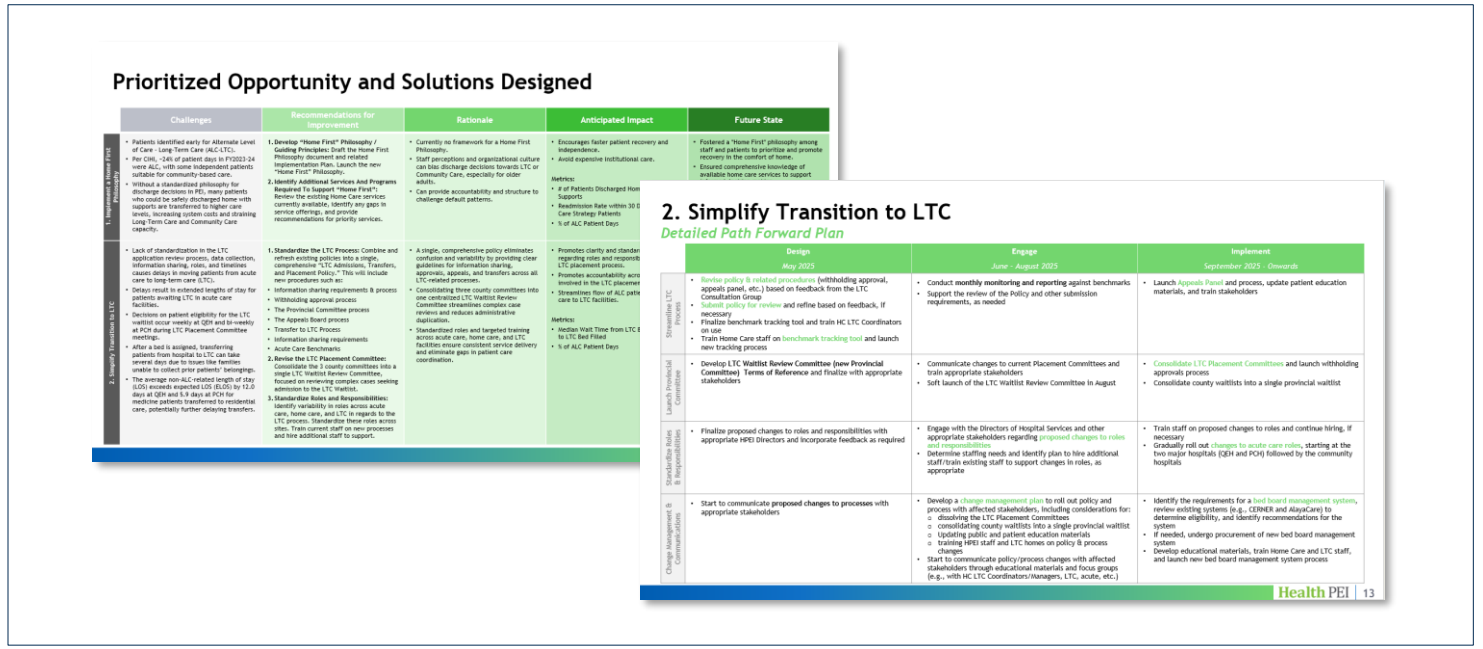
## Roadmap (i.e., Transition Plan)

**Purpose:** This roadmap outlines the path forward for the Access & Flow workstream providing a clear and actionable plan for long-term success. The workstream and opportunity leads can leverage this document to support initiative implementation and to ensure alignment with strategic objectives and overall workstream goals. For each of the key workstream opportunities, this document summarizes: the challenges and recommendations for implementation, the anticipated impact and target future state, and steps for implementation.

**Executive Summary:** Global trends and evolving local demographics have created capacity pressures across PEI's healthcare system. To address these challenges and achieve sustainable long-term capacity management, HPEI should accelerate its core access and flow initiatives, including but not limited to: designing a comprehensive Home First Strategy, expanding the Discharge Planning Framework to all community sites, and optimizing the LTC staffing model to enhance long-term care capacity. Success will depend on sustained leadership commitment and coordinated momentum to reach the desired future state.

## Key Outcomes / Findings / Recommendations

- To ensure continuous momentum towards the workstream's target goal of reducing ED Provider Initial Assessment wait time (PIA - 90th percentile) and ED ALOS (90th percentile) by 35% by 2027, consistent effort and unwavering focus are critical to sustaining rapid progress and ultimately reaching the envisioned future state.
- A roadmap of key activities required to advance this work is articulated in this document.
- This will require a significant change in long-standing practices within PEI's healthcare system. Strong system leadership will be essential to navigate these changes.



# Workstream: Surgical Backlog



## Workstream Description

This workstream aims to reduce surgical wait times for all specialties through improved efficiency, increasing surgical volumes, and optimized resourcing.

## Key Accomplishments

- ✓ Developed and implemented standardized procedures and guidelines for timely booking of elective cases, OR cuts & offered time, and historical booking time duration
- ✓ Developed block schedule review process along with data collection tool to inform model
- ✓ Launched a coordinated approach to staffing OR resources to reduce OR cuts, mitigating 24 OR cuts originally identified
- ✓ Drafted ambulatory and outpatient expansion recommendations
- ✓ Created a revised staffing model for the perioperative areas at QEH & PCH

## Deliverables

**Jurisdictional Scan**

Document that outlines global and national leading practices for perioperative services to reduce surgical wait times and backlogs.

**Current State Assessment**

Document that defines the current state, key challenges, and improvement opportunities to help improve the surgical backlog on PEI.

**Solution Design, Implementation Plan and Support**

Includes the Standardized Procedures & Guidelines, updated Block Schedule, Staffing Model recommendation, Outpatient & Ambulatory Surgical Guidelines, and Coordinated Scheduling Process

**Roadmap (i.e. Transition Plan)**

A roadmap outlining recommended actions to support further progress with each opportunity over the coming months.

## Potential Next Steps

1. Support the phased rollout of revised staffing model to meet recommended FTEs and continue coordination of staff scheduling to meet desired system capacity.
2. Begin phased implementation of block schedule review process, including supporting data readiness and formal implementation.
3. Conduct assessment of potential locations to shift ambulatory procedures to free up OR time.
4. Sustain rollout of standardized procedures and guidelines, including data reporting on time given up/picked up and OR cuts.

# Deliverable Deep Dive

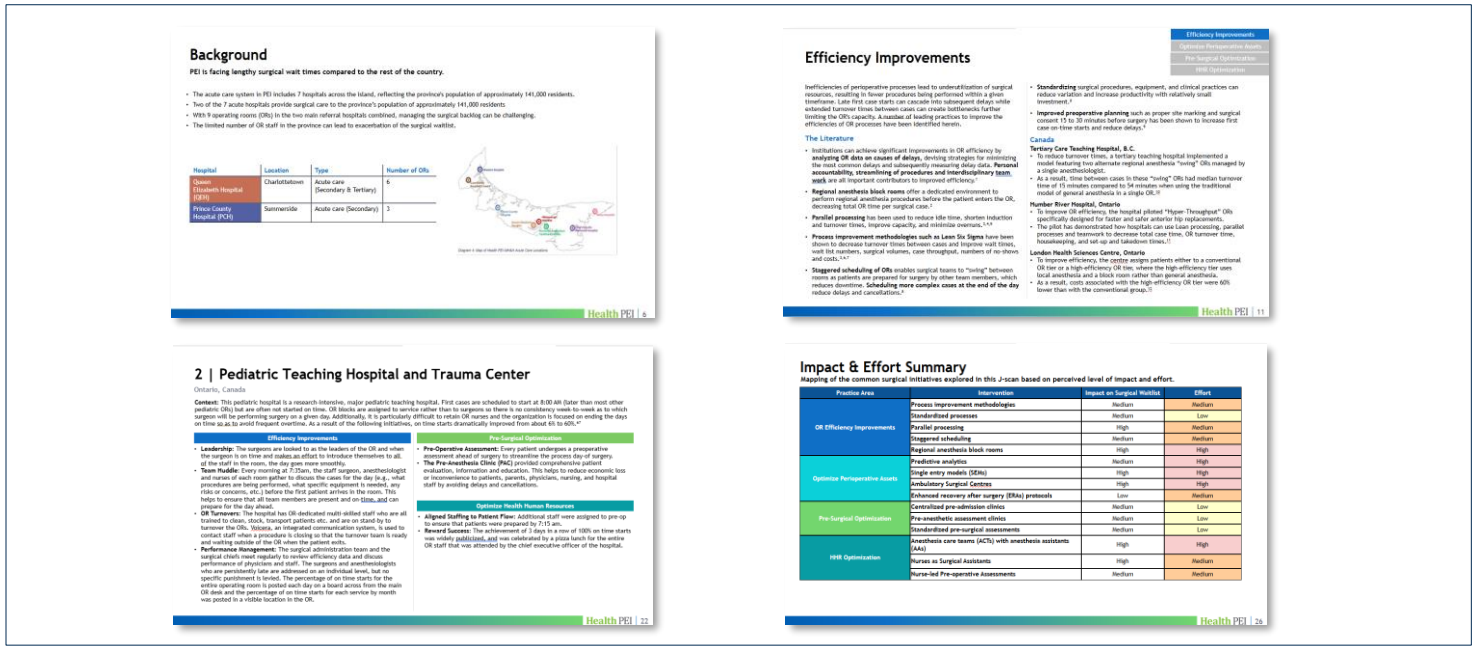
## Jurisdictional Scan

**Purpose:** The purpose of the Jurisdictional Scan is to identify global and national leading practices in perioperative services (e.g., efficiency enhancement models, perioperative patient optimization) to reduce surgical wait times and backlogs. This document is used to support the assessment phase of scalable, efficient, and sustainable work for reducing surgical wait times and improving operating room capacity.

**Executive Summary:** A scan of leading practices has been completed to gather information from various organizations to understand how they have reduced surgical backlogs and patient wait time through OR efficiency improvements, perioperative resource enhancements, pre-surgical activity optimization, and health human resource strategies. The scan highlights several leading practices with corresponding case studies across Canada, Australia, and the U.K. Key findings are summarized below and further explored through the scan.

## Key Outcomes / Findings / Recommendations

- Identified leading practices across the four categories: efficiency improvements, optimize perioperative assets, pre-surgical optimization and health human resource (HHR) optimization.
- Prioritized list of potential interventions based on impact on Surgical Waitlist and effort.



## Deliverable Deep Dive

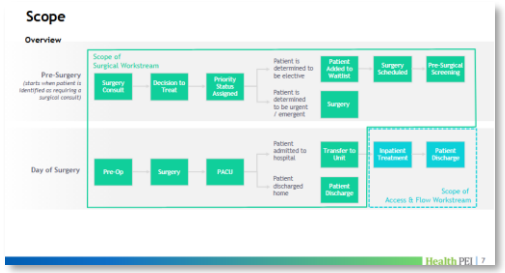
### Current State Assessment

**Purpose:** The Current State Assessment document provides a comprehensive overview of the province's surgical services, access and perioperative flow dynamics. It highlights findings and systemic barriers contributing to surgical backlogs, while identifying areas for improvement. This report prioritizes opportunities based on their potential impact and implementation effort, equipping health system leadership and stakeholders with data-driven insights to support decision-making around surgical system transformation.

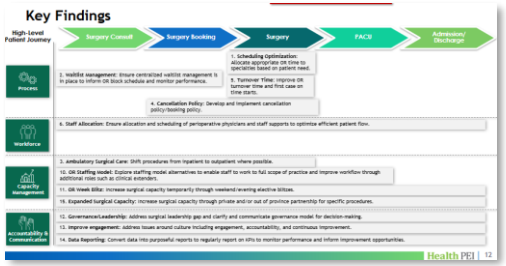
**Executive Summary:** The Current State Assessment identified that the province's surgical system is facing increasing pressure, impacting timely access to procedures and overall system efficiency. Opportunities were identified across four key domains: process optimization, capacity management, workforce challenges, accountability and communication. Examples of potential interventions include regional anesthesia block rooms, single entry models (SEMs), centralized pre-admission clinics, and more. Prioritization of these opportunities will inform the design and implementation of targeted initiatives.

### Key Outcomes / Findings / Recommendations

- Prioritization of the opportunities informed the implementation of 8 workstream opportunities:
  - Standardize Procedures and Guidelines
  - Optimize Block Schedule Review Process
  - Optimize Staffing Model
  - Expand Ambulatory Surgery Procedures
  - Optimize Access for Emergency Cases
  - Coordinate Staff Scheduling
  - Explore Options to Expand Surgical Capacity
  - Waitlist Management








## Deliverable Deep Dive

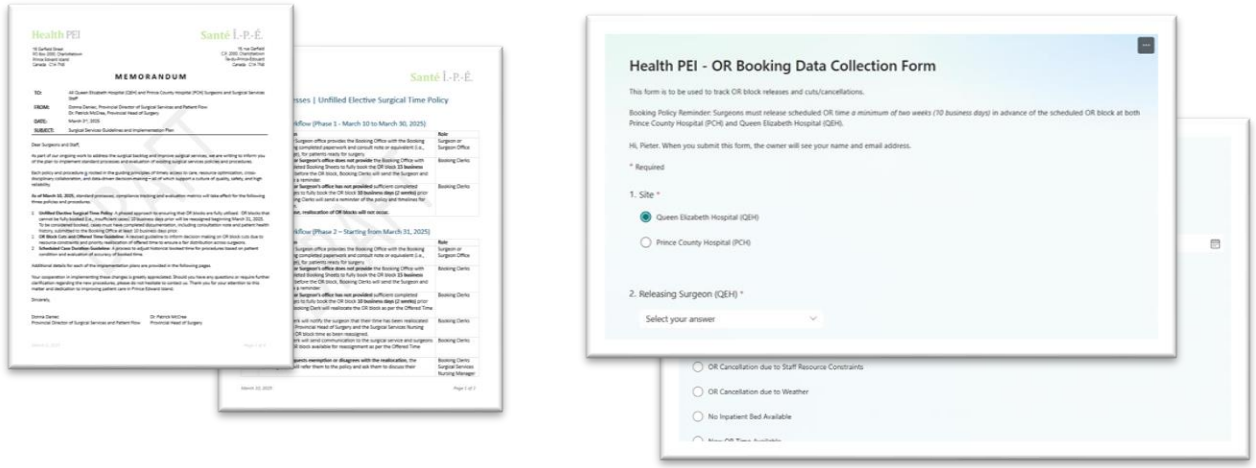
### Solutions Design, Implementation Plan and Support: Standardized Procedures and Guidelines

**Purpose:** To enhance OR efficiency, reduce delays, provide additional transparency and ensure a smoother flow of procedures through creating/enforcing a set of standardized procedures and guidelines associated with surgical booking.

**Executive Summary:** The Standardized Procedures & Guidelines include three new procedures with supporting workflows including:
1. Enforcement of 10 Day Booking Policy (phased approach)
2. Methodology for OR Cuts and Offered Time
3. Enforcement of Historical Booking Time Duration

### Key Outcomes / Findings / Recommendations

- Standard procedures and guidelines can provide accountability and structure to help challenge poor historical booking patterns and to provide transparency into operational decision-making.
- Changes to procedures and guidelines include:
  - Enforcement of existing policy for timely booking of elective cases (>10 days before surgical date)
  - Established guidelines for: OR cuts/cancellations, reallocation of time (i.e. givebacks), & historical booking time duration.
  - Creation and implementation of a data collection form to track number of OR cuts & reason, the number of unfilled elective blocks, and reallocation of OR time.



## Deliverable Deep Dive

### Solutions Design, Implementation Plan and Support: Block Schedule Review Process

**Purpose:** To improve surgical access and optimize OR utilization across Health PEI through a standardized, data-informed, and transparent block schedule review process.

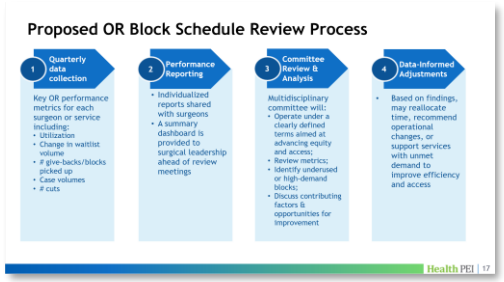
**Executive Summary:** The block schedule review process includes the development and implementation of a quarterly review model that uses key performance metrics—such as OR utilization, net released time, and waitlist trends—to guide equitable allocation of OR time. The process is being rolled out in three deliberate phases to build trust, validate data, and ensure sustainability. A provincial lens is applied to ensure system-wide coordination and responsiveness to patient demand.

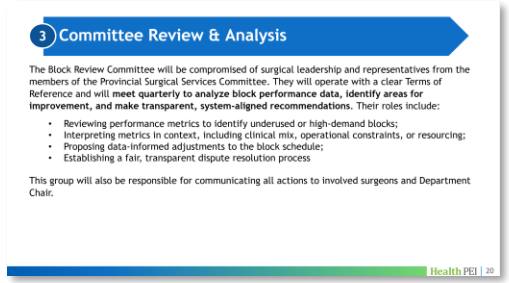
### Key Outcomes / Findings / Recommendations

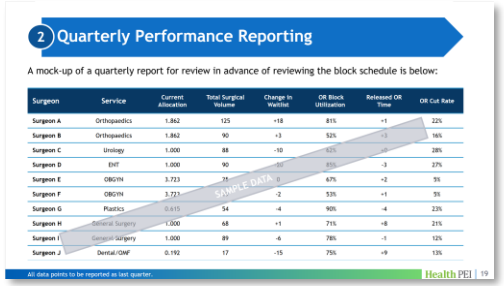
**Current State Gaps**: OR time is allocated without a standardized review process, and changes often occur informally or reactively. There is limited visibility across services into how OR time is used.

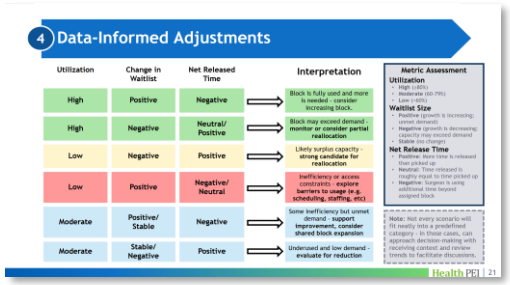
**Recommendations**:

- Implement a metrics-driven block review process using a phased approach.
- Treat OR time as a provincial resource to support equitable access.
- Embed quarterly reviews with clear governance and accountability.



## Deliverable Deep Dive

### Solutions Design, Implementation Plan and Support: Optimized Staffing Model

**Purpose:** To assess the current perioperative staffing model across Health PEI sites and recommend an optimized, sustainable model that supports surgical access, improves workforce utilization, and aligns with national best practices.

**Executive Summary**: The optimized staffing model review included a detailed current state assessment across the perioperative portfolio, focusing on nursing and anesthesia. A gap analysis against leading practice benchmarks was performed and recommendations for a revised model were developed. The future state incorporates refined nurse-to-patient ratios, revised shift schedules, role clarity, cross-training opportunities, and a phased implementation plan.

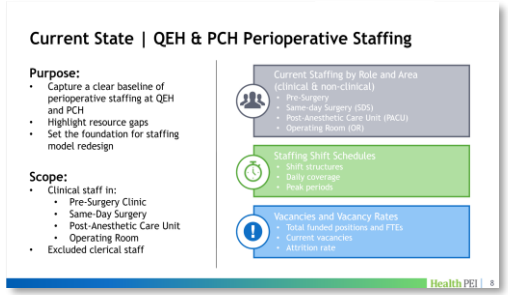
### Key Outcomes / Findings / Recommendations

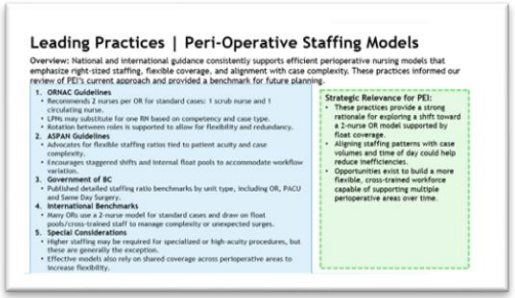
**Current State Gaps:**

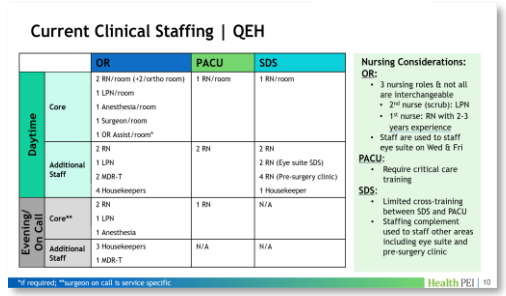
- Staffing levels in some areas exceed best practice benchmarks while there are vacancies in other areas.
- Workforce constraints in key areas impact service delivery.

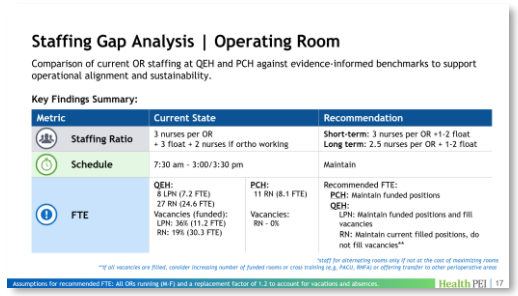
**Recommendations**:

- Right-size staffing to align with best practices.
- Adjust shift schedules to improve efficiency.
- Expand casual pool and enable cross-coverage.
- Phase in role clarity, training, and governance.
- Explore long-term use of clinical extenders, where appropriate.



# Solutions Design, Implementation Plan and Support: Expanding Ambulatory Surgery Capacity

**Purpose:** Through reviewing applicable data and ensuring patient needs are met, enhance access and efficiency by aligning with leading clinical practices related to providing surgical care in ambulatory care settings and increasing proportion of cases discharged home same-day.

**Executive Summary**: The expanding ambulatory surgery capacity review includes:

1. Recommendation Report: This report aims to improve surgical efficiency, optimize operating room (OR) utilization, and enhance patient access by shifting appropriate procedures from inpatient and OR settings to outpatient and ambulatory environments.
2. PT Resource Model: This component focuses on the provision of PT resources to support same-day discharge for patients undergoing hip and knee replacements. The model aims to raise awareness of the benefits associated with increased same-day discharges and a pilot plan to test increased physiotherapy resources to increase the number of eligible patients discharged home same day.

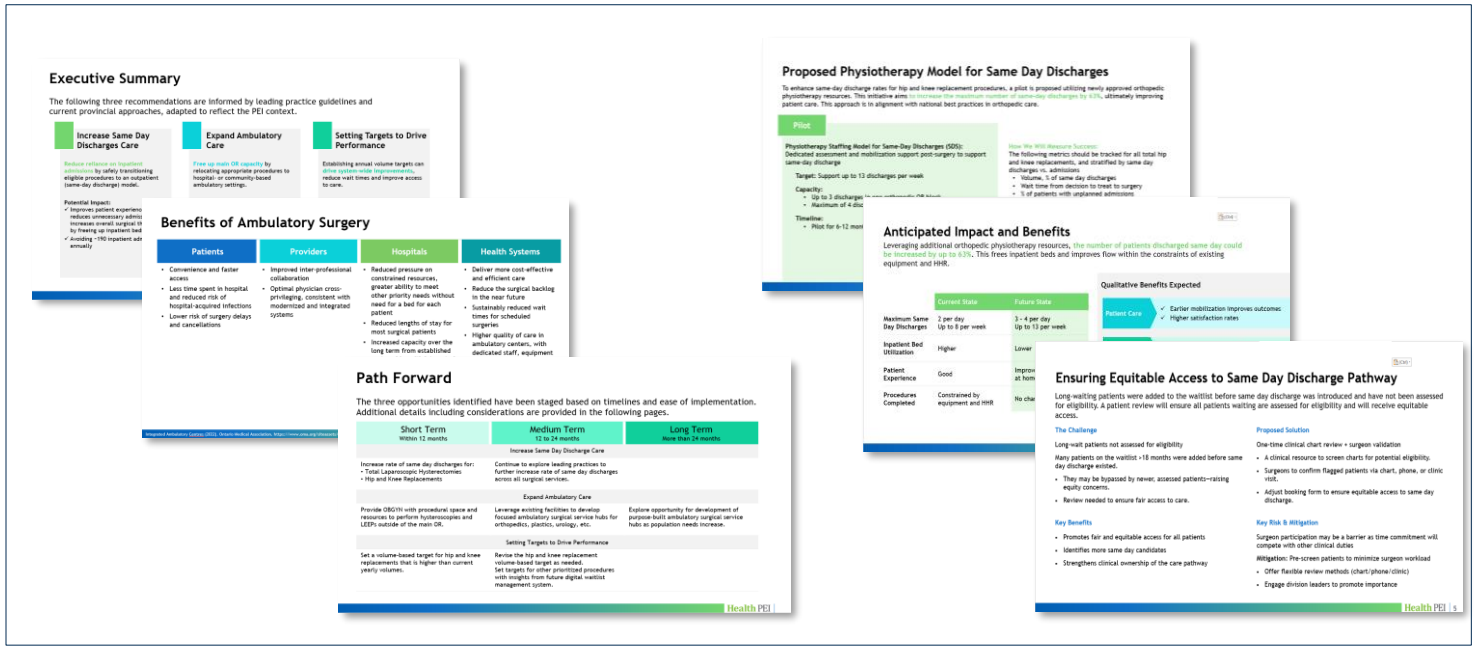
## Key Outcomes / Findings / Recommendations

**Current Gaps:**

- Increasing pressure to improve OR efficiency.
- Variability in current use of ORs and underutilized capacity in ambulatory spaces.

**Recommendations:**

- Increase Same Day Discharge Care to reduce reliance on inpatient admissions.
- Expand ambulatory care to free up main OR capacity.
- Setting volume-based targets for select procedures to measure impact and performance.



## Deliverable Deep Dive

# Solutions Design, Implementation Plan and Support: Coordinated Staff Scheduling

**Purpose:** To provide a structured approach for coordinating schedules among anesthesia, nursing, and surgical teams, ensuring optimal staffing and operational efficiency.

**Executive Summary**: The coordinated staff scheduling process introduces a process designed to enhance workflow efficiency and reduce the overall number of staffing-related cuts, particularly within nursing, anesthesia, and surgical teams. A comprehensive proposal has been developed that outlines an updated timeline, captures lessons learned, and identifies key agenda topics for each coordinated meeting scheduled throughout the upcoming year.

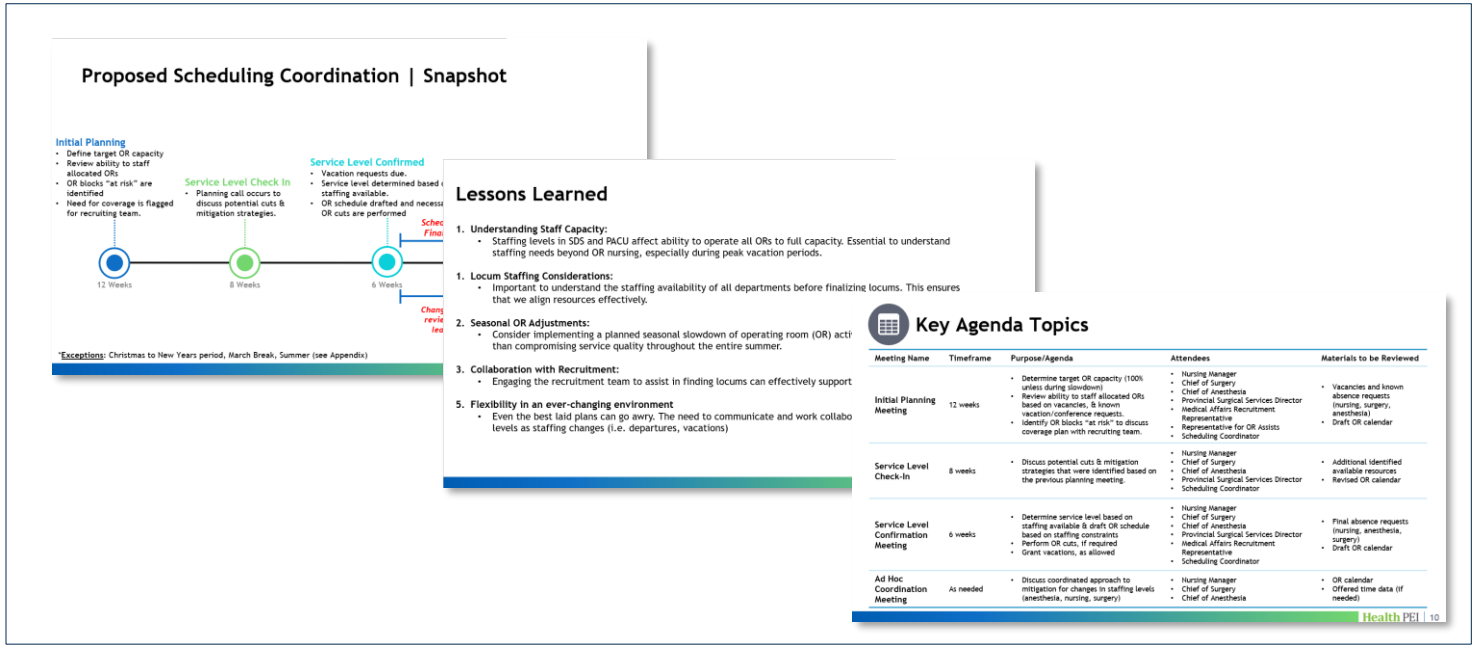
## Key Outcomes / Findings / Recommendations

**Current Gaps:**

- Increasing OR cuts and closures per month due to staffing shortages across nursing, anesthesia and surgery.

**Recommendations:**

- New process to coordinate staff scheduling for nursing, anesthesia, and surgery.
- Measure progress and performance with selected metrics
- Review staffing changes and any risks/mitigations on a bi-weekly basis.



## Deliverable Deep Dive

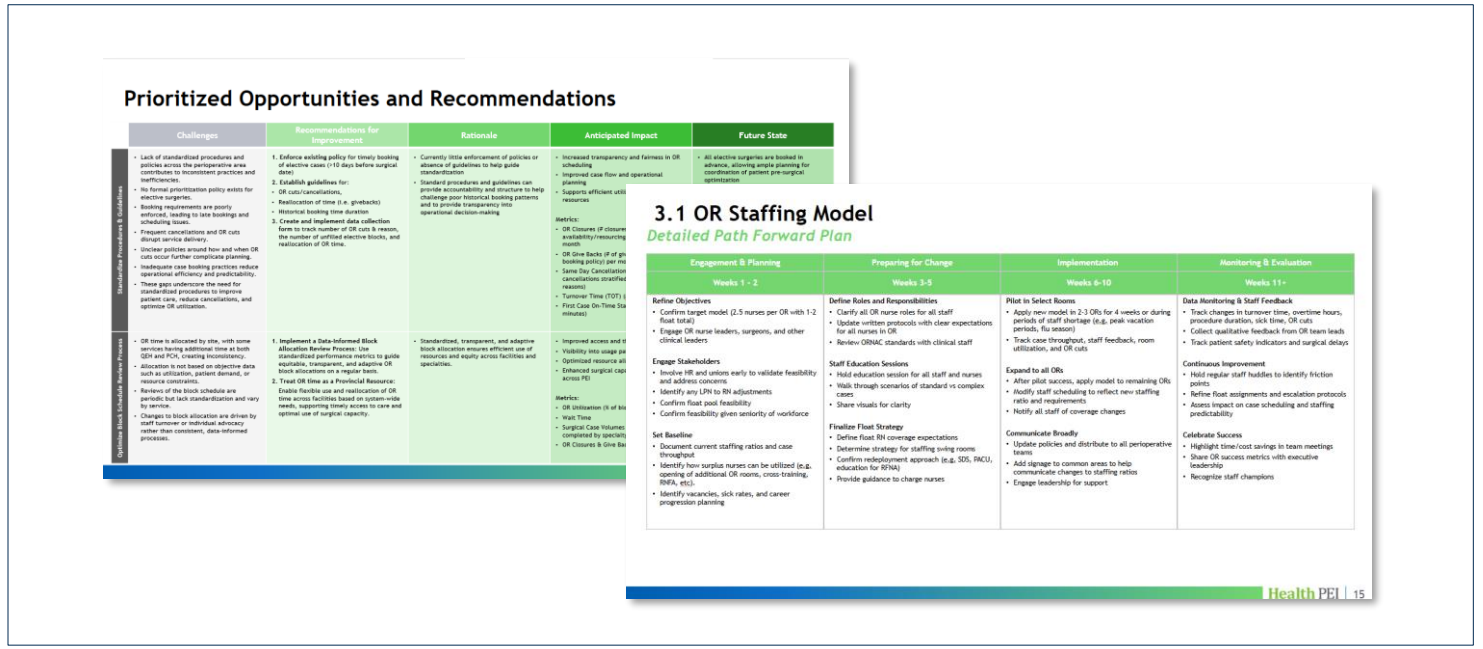
### Roadmap (i.e. Transition Plan)

**Purpose:** This roadmap outlines the path forward for the Surgical Backlog workstream providing a clear and actionable plan for long-term success. The workstream and opportunity leads can leverage this document to support initiative implementation of the recommendations, to ensure alignment with strategic objectives and overall workstream goals. For each of the key workstream opportunities, this document summarizes: the challenges and recommendations for implementation, the anticipated impact, target future state, and steps for implementation.

**Executive Summary:** PEI continues to face prolonged surgical wait times driven by global trends, in addition to resource constraints and workflow inefficiencies. To address these challenges, eight priority areas have been identified, including standardizing procedures, block schedule optimization, staffing model optimization and coordination, improved emergency access, and expansion of ambulatory procedures. Clear implementation steps and performance measures have been defined to support improved surgical access and sustained system performance. Success will depend on maintaining momentum and focus to achieve the target future state.

### Key Outcomes / Findings / Recommendations

- To achieve the workstream's goal of increasing the percentage of surgical patients treated within benchmark to 65% by 2027, consistent effort and sustained momentum are required for progress and for ultimately reaching the envisioned future state.
- A roadmap of key activities required to advance this work is articulated in this document.
- The transition will deviate from longstanding practices and will require sustained adjustments from leadership, physicians, and staff.



# Workstream: Diagnostic Imaging Backlog



## Workstream Description

This workstream aims to reduce diagnostic imaging (MR, CT and US) wait times through improved processes, optimization of utilization, and standardization of guidelines.

## Key Accomplishments

- ✓ Provided a data-driven understanding of MR, CT and US projected demand, system supply, desired system capacity, machine capacity, projected waitlist size, and estimated time to reach benchmark wait times
- ✓ Proposed and supported implementation readiness of context specific staffing model leading practices to improve system resiliency
- ✓ Designed and launched waitlist validation reviewing 4,700 requisitions of which ~9% were removed as that care was received in other ways
- ✓ Provided project management support on implementation of Siemens Deep Resolve

## Deliverables

**Jurisdictional Scan**

Document that outlines global and national leading practices for Diagnostic Imaging (DI) services to reduce DI wait times (i.e., for CT Scans, MRI Scans, and Ultrasounds) and backlogs.

**Current State Assessment**

Document that defines the current state, key challenges, and improvement opportunities to help improve DI wait times on PEI.

**Solution Design, Implementation Plan and Support**

Includes the Staffing Model and Implementation Support, Waitlist Validation Process and Siemens Deep Resolve.

**Roadmap**

A roadmap outlining recommended actions to support further progress with each opportunity over the coming months.

## Potential Next Steps

1. Support the development of staffing pipelines to meet funded FTEs (notably US) and staff scheduling to meet desired system capacity.
2. Continue to support increasing complement of dual trained techs to increase resiliency.
3. Sustain waitlist validation process, triggering process every 6 months and develop scheduling best practices for preventative waitlist maintenance.
4. Ongoing project management support for implementation of Siemens Deep Resolve.

## Deliverable Deep Dive

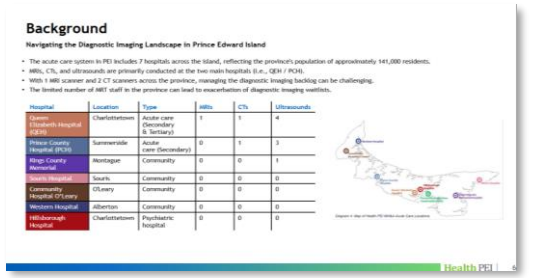
### Jurisdictional Scan

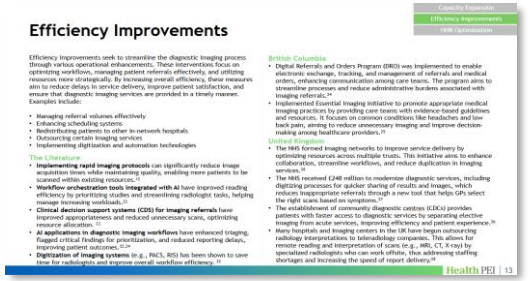
**Purpose:** The purpose of the Jurisdictional Scan is to identify global and national leading practices in perioperative services (e.g., capacity expansion, efficiency improvements) to reduce DI backlog and wait time. This document is used to support the assessment phase of scalable, efficient, and sustainable work for reducing DI backlog and reduce wait time.

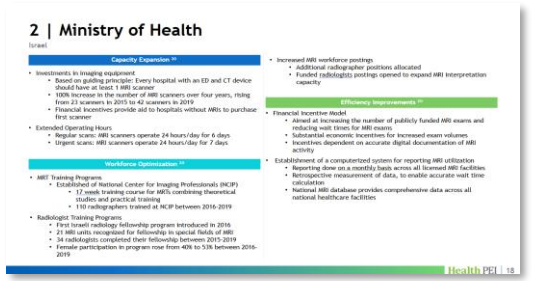
**Executive Summary:** A scan of leading practices has been completed to gather information from various healthcare organizations to understand how they have decreased Diagnostic Imaging (DI) wait times and backlogs through capacity expansion, workforce optimization and efficiency improvements. The scan highlights several leading practices with corresponding case studies across Canada, the U.K., and Israel. Key findings are summarized below and further explored throughout the scan.

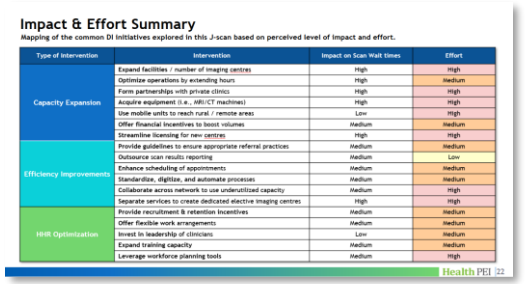
### Key Outcomes / Findings / Recommendations

- Identified leading practices across the three categories: capacity expansion, efficiency improvements, and health human resource (HHR) optimization.
- Prioritized list of potential interventions based on impact on Scan Wait times and effort.



# Deliverable Deep Dive

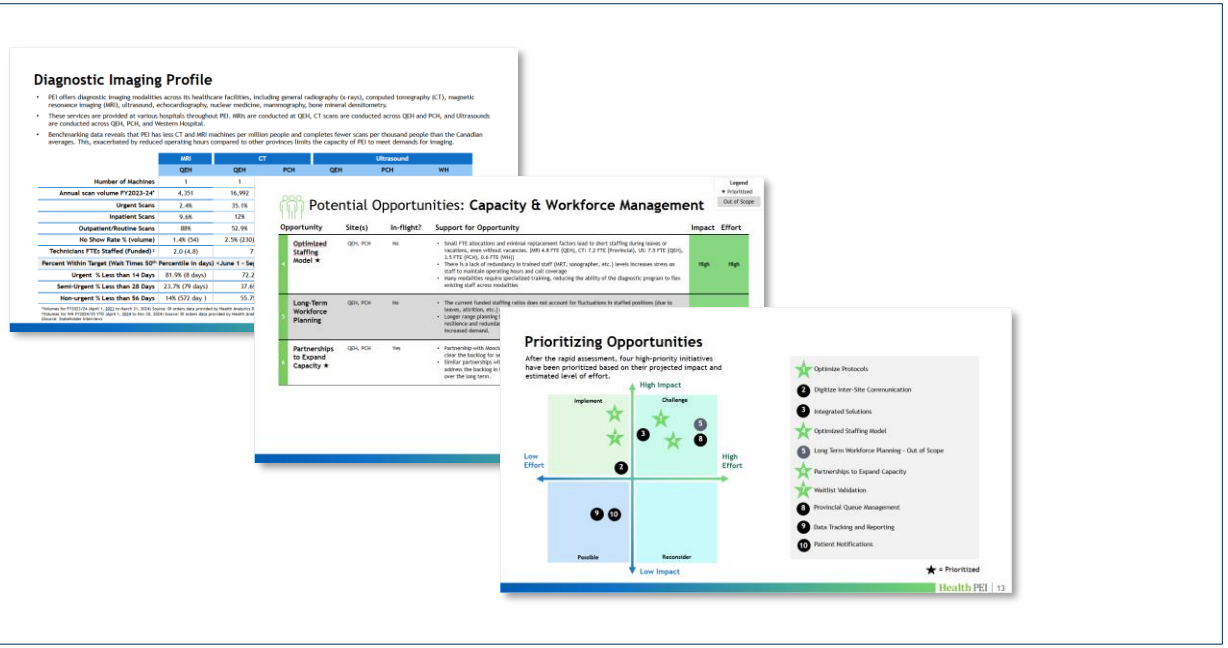
## Current State Assessment

**Purpose:** The Current State Assessment document provides a comprehensive overview of the province's DI services, access and perioperative flow dynamics. It highlights findings and systemic barriers contributing to DI backlogs, while identifying areas for improvement. This report prioritizes opportunities based on their potential impact and implementation effort, equipping health system leadership and stakeholders with data-driven insights to support decision-making around DI system transformation.

**Executive Summary:** The Current State Assessment identified that the province's diagnostic imaging system is facing increasing pressure, impacting timely access to procedures and overall system efficiency. Opportunities were identified across three key domains: process optimization, capacity management, workforce challenges. Examples of potential interventions include FTE allocations, MRI partnerships, centralized queue management system and more. Prioritization of these opportunities will inform the design and implementation of targeted initiatives.

## Key Outcomes / Findings / Recommendations

- Prioritization of the opportunities informed the implementation of 5 workstream opportunities:
  - Optimize Staffing Model
  - Waitlist Validation
  - Optimize Scan Protocols
  - Partnerships to Expand Capacity
  - Waitlist Management



## Deliverable Deep Dive

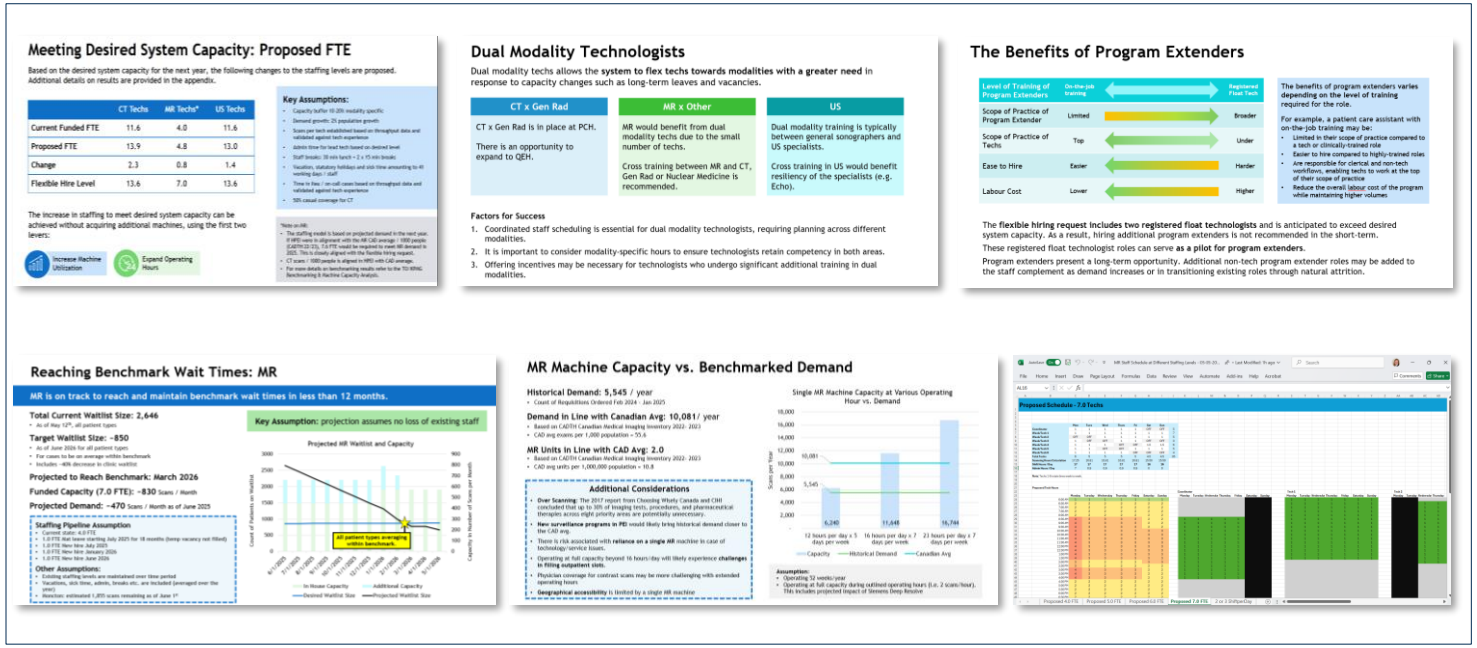
### Solutions Design, Implementation Plan and Support: Staffing Model Recommendations

**Purpose:** To develop a proposed staffing model for MR, CT and US that would ensure HPEI is funded to meet system capacity and build resiliency through leading practices.

**Executive Summary:** The proposed staffing model had two purposes: 1) Use a data-driven approach to determine the required staffing complement to meet HPEI's desired system capacity. 2) Propose context specific staffing model leading practices to improve system resiliency. Implementation support included the following items: (a) MR & CT machine capacity assessment, (b) MR Shift schedule options, (c) Dual trained tech implementation plan and considerations, (d) Time to address backlog & expanded capacity estimates analysis, (e) Program extender implementation support

### Key Outcomes / Findings / Recommendations

- MR, CT and US were all underfunded in FTE to meet desired system capacity.
- HPEI can increase the complement of dual modality techs and program extenders to build resiliency.
- HPEI can meet desired system capacity with existing machines, though others considerations may factor into the decision such as geographical accessibility.
- Based on the current staffing pipeline and initiatives, MR and CT are on track to reach benchmark wait times within the year, US will require dedicated recruitment efforts and temporary expanded capacity.



## Deliverable Deep Dive

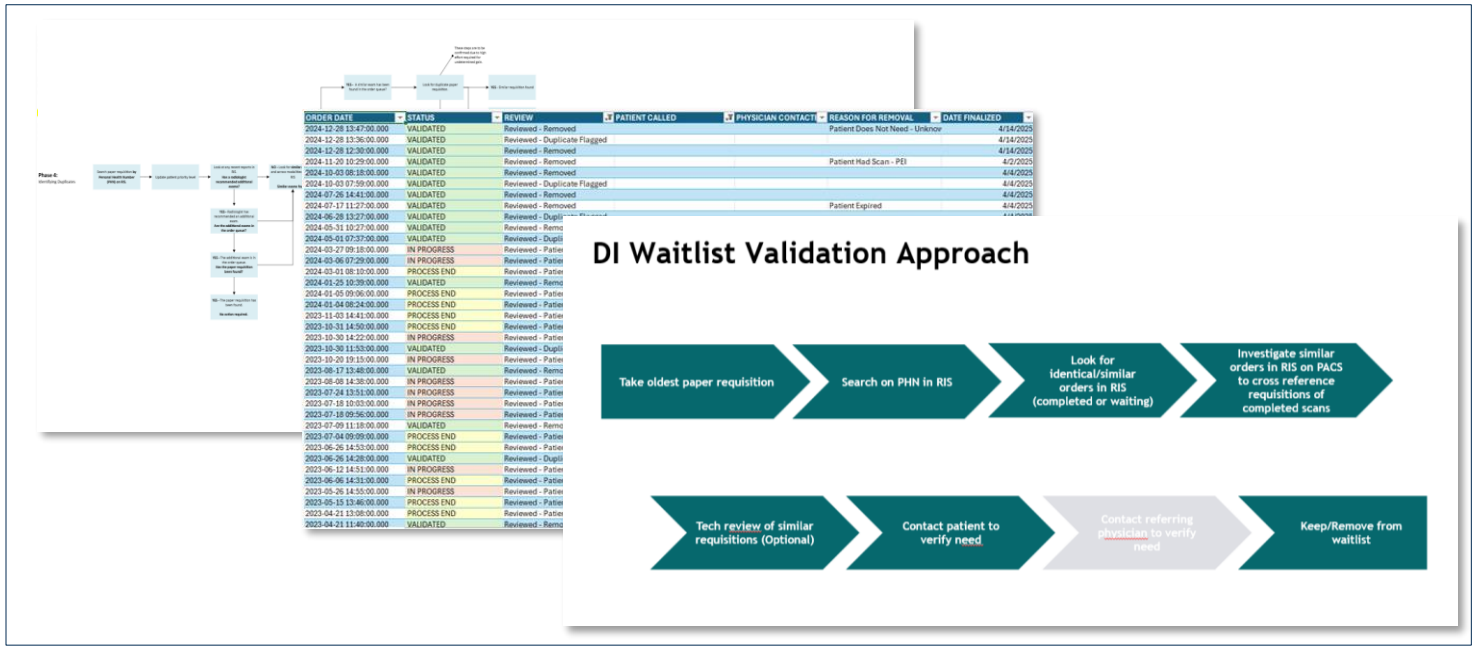
### Solutions Design, Implementation Plan and Support: Waitlist Validation

**Purpose:** A waitlist validation process ensures that all those waiting for a diagnostic imagining scan require a scan to minimize duplicate scans and no shows.

**Executive Summary:** A waitlist validation process was developed and launched validating ultrasound and echo scans. This process removed patients from the list that no longer required a scan due to an intervention, had already received the scan on island or off, was a duplicate requisition in the waitlist, had moved from PEI or had passed.

### Key Outcomes / Findings / Recommendations

- A total of 4,700 requisitions were reviewed with a removal rate of ~9% as that care was received in other ways.
- A plan to maintain the waitlist was developed to be triggered on a bi-annual basis.
- Next steps include developing best practices pre-emptively to minimize unnecessary scans due to scheduling errors, duplicate requisitions, etc.
- With engagement from referring physicians, incorporating feedback to iterate the validation process to ensure patient safety.



## Deliverable Deep Dive

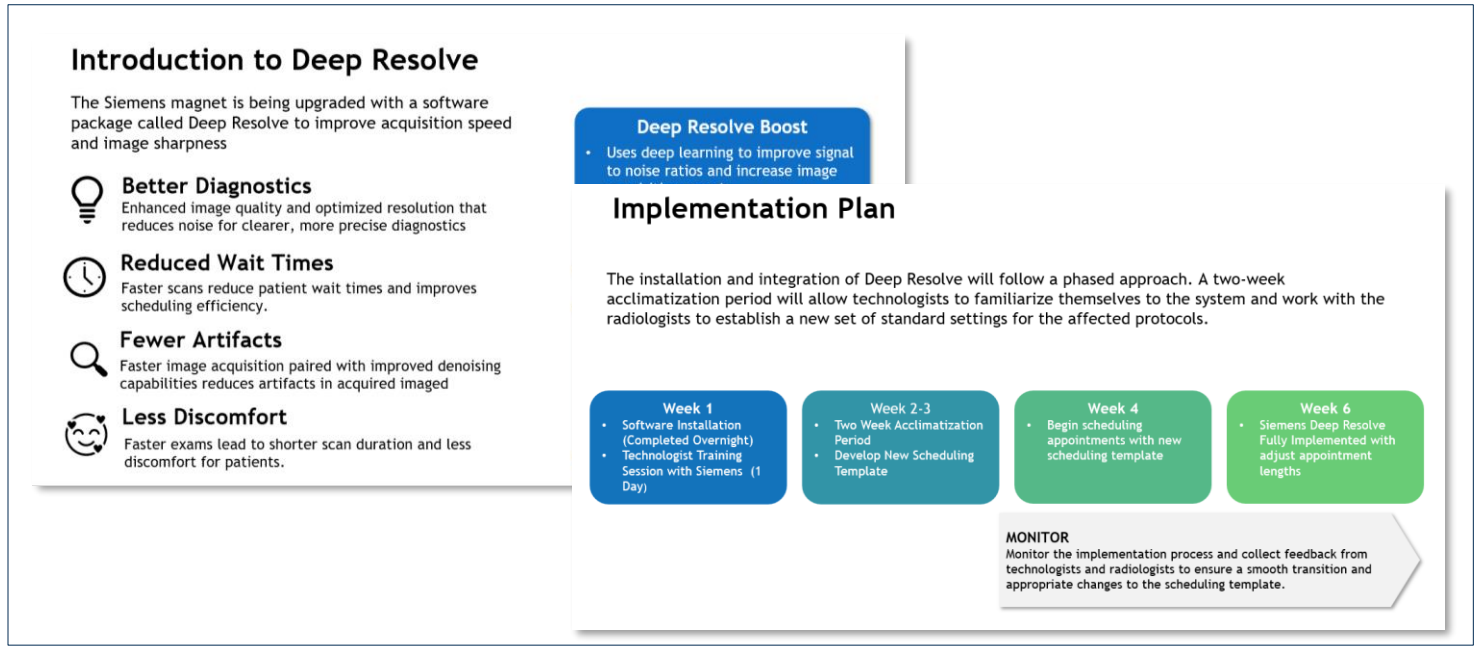
### Solutions Design, Implementation Plan and Support: Siemens MR Deep Resolve Solution

**Purpose:** PEI is the last Atlantic province to have introduced Siemens Deep Resolve, a solution that optimizes image scans for both quality of image and speed in which protocols are delivered, to their system.

**Executive Summary:** KPMG/TO provided project management support for the planning and implementation of Siemens Deep Resolve.

### Key Outcomes / Findings / Recommendations

- Provided project management support through the necessary milestones to implement Siemens Deep Resolve including ITSS and procurement approvals, implementation plan and timeline, etc.
- Developed change management materials to support technologist in the implementation of Siemens Deep Resolve.



## Deliverable Deep Dive

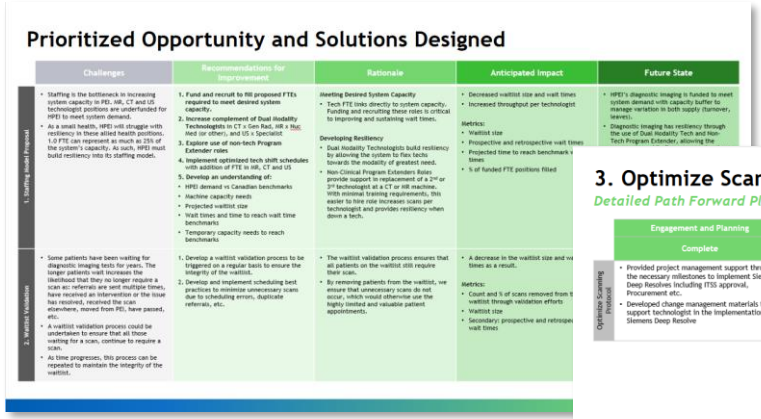
### Roadmap (i.e., Transition Plan)

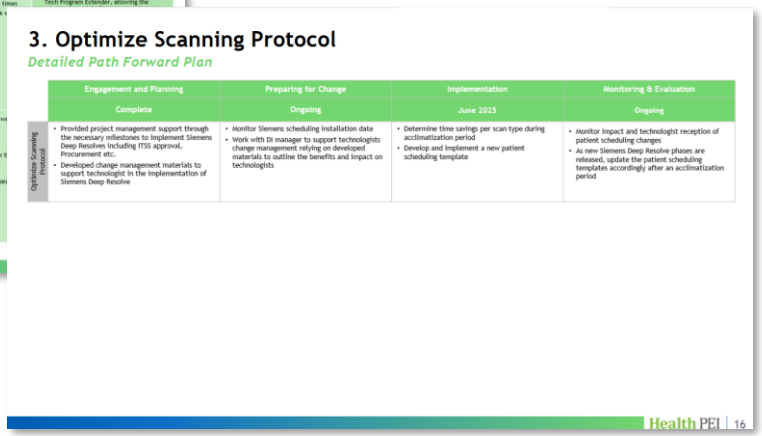
**Purpose:** This roadmap outlines the path forward for the Diagnostic Imaging workstream providing a clear and actionable plan for long-term success. The workstream and opportunity leads can leverage this document to support initiative implementation and to ensure alignment with strategic objectives and overall workstream goals.

**Executive Summary:** For each identified opportunity within the DI workstream, this document summarizes key challenges and corresponding recommendations, the anticipated impact, future state targets, and implementation steps.

### Key Outcomes / Findings / Recommendations

- To ensure momentum towards the workstream's goal of reducing the 90th percentile wait times for MR, CT and US by 25% by 2027, consistent effort and sustain momentum are required for progress and for ultimately reaching the envisioned future state.
- A roadmap of key activities required to advance this work is articulated in this document.
- This will require a significant change in long-standing practices within PEI's healthcare system. Strong system leadership will be essential to navigate these changes.



# Workstream: Operational Excellence



## Workstream Description

Set the foundation for Operational Excellence by exploring True North to create organizational focus and alignment. Design structures for reviewing operational performance to cascade priorities from the boardroom to the front-line.

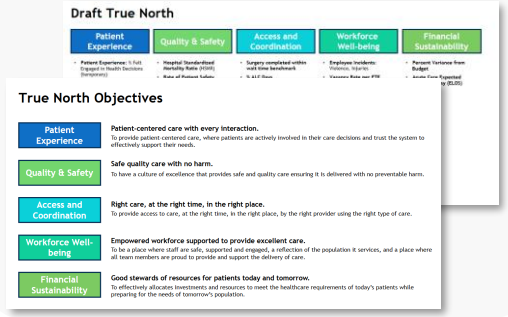
## Key Accomplishments

- ✓ Identified True North pillars and a draft set of corresponding metrics that help understand whether Health PEI is improving over the long term
- ✓ Developed an Organizational Performance Review Framework in collaboration with pilot groups
- ✓ Piloted Performance Review Meetings at the Executive Portfolio to Director and Director to Manager level from both a site and provincial service lens
- ✓ Developed the path forward through the Operational Excellence Roadmap

## Deliverables

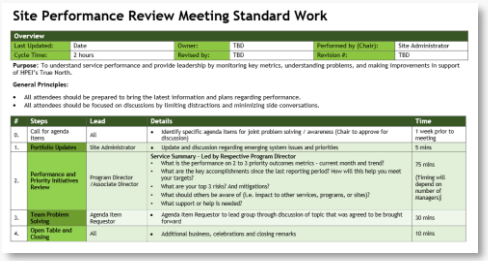
### True North

Identify a set of approximately 10 to 15 organizational metrics that help understand whether Health PEI is improving over the long term. True North serves as anchor for alignment and priority setting.



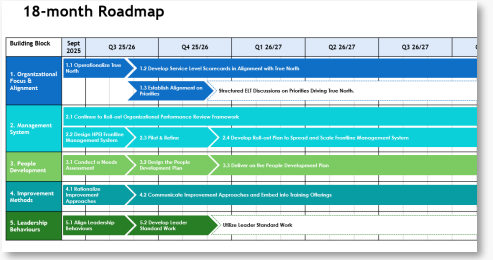

### Organizational Performance Review Framework

Establish structure for what and how operational performance is reviewed across each level of the organization in alignment with organizational priorities.




### Operational Excellence Roadmap

Determine the path forward for Operational Excellence across the 5 building blocks: Organizational Focus and Alignment, Management System, People Development, Improvement Methods and Leadership Behaviours.




## Potential Next Steps

1. Plan for continued implementation of Operational Excellence at HPEI guided by the OpEx Roadmap, including:
   - Summer 2025: Establish governance, resourcing and develop detailed workplans for the 5 building blocks of Operational Excellence based on the OpEx Roadmap.
   - Fall 2025 – Onwards: Execute on the workplans established during the planning phase in line with the Roadmap
2. Continue to refine and roll-out of performance review meetings.
3. Revisit True North once the strategic planning process has concluded.

# Deliverable Deep Dive

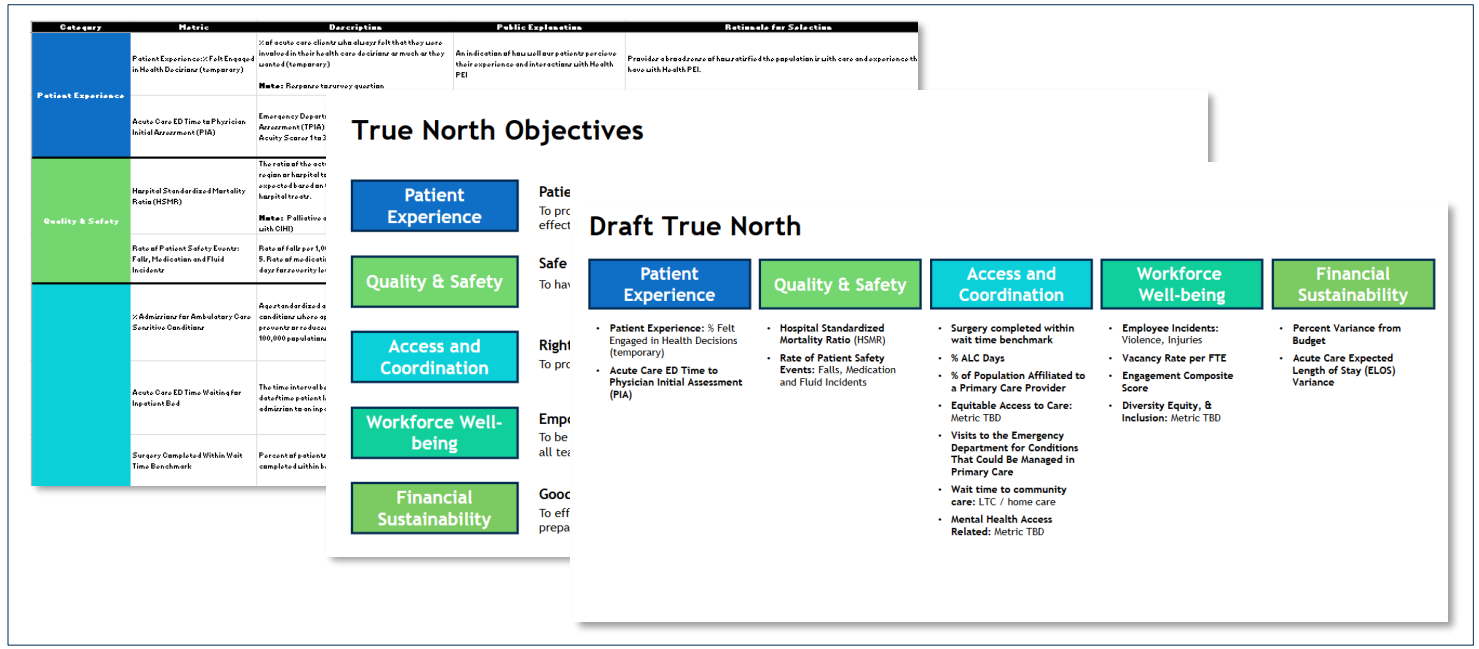
## True North

**Purpose:** Identify a set of approximately 10 to 15 organizational metrics that help understand whether Health PEI is improving over the long term. True North serves as anchor for alignment and priority setting.

**Executive Summary:** Through jurisdictional scans and stakeholder engagement, the Operational Excellence working group identified True North Pillars and potential metrics. To ensure alignment with existing and evolving organizational priorities, True North metrics will be revisited once the strategic planning process has concluded.

## Key Outcomes / Findings / Recommendations

- Five True North Pillars were established: Patient Experience, Quality and Safety, Access and Coordination, Workforce Well-being and Financial Sustainability. 17 metrics were identified considering SPIs, CIHI reported metrics and metrics used in other jurisdictions.
- Developed supporting documentation providing details and the rationale of selected True North metrics.
- Select metrics will require further development to operationalize including: Workforce Engagement, Workforce DEI, Equitable Access to Care and Mental Health. Created a path forward for emerging metrics.



## Deliverable Deep Dive

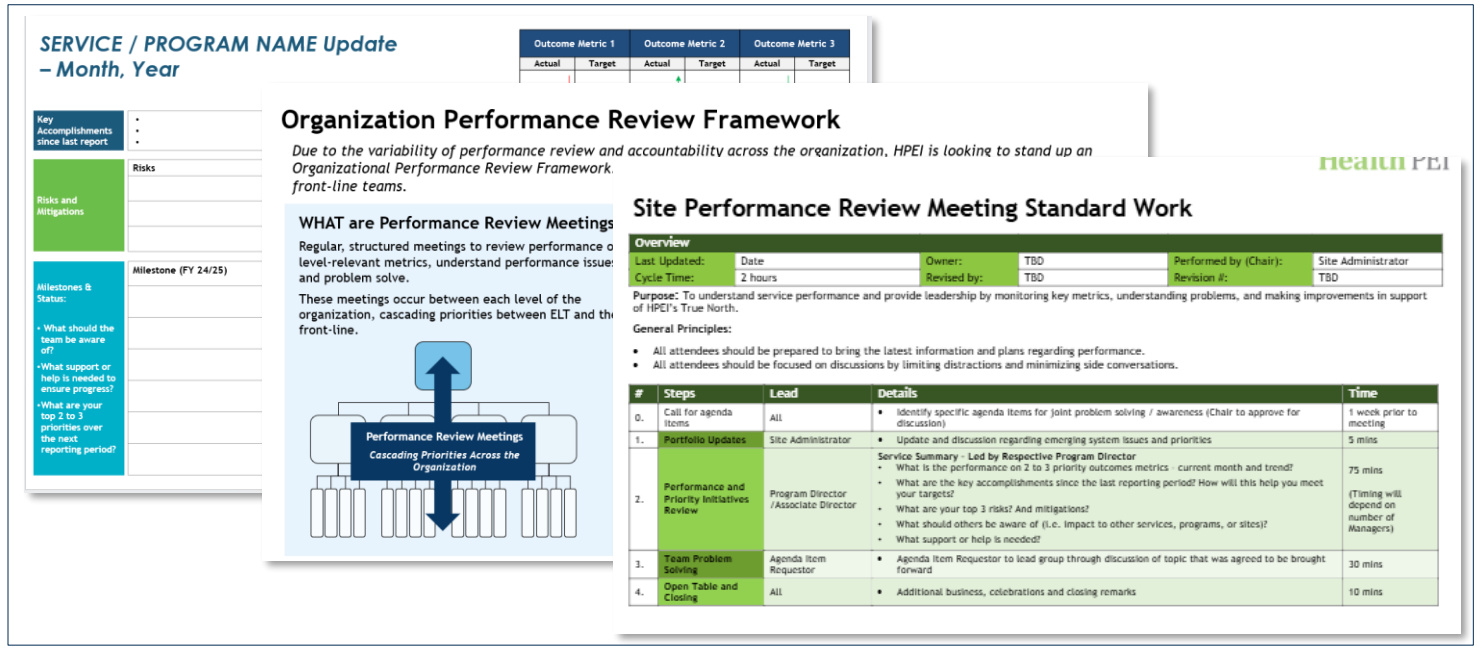
### Organizational Performance Review Framework

**Purpose:** Establish structure for what and how operational performance is reviewed across each level of the organization in alignment with organizational priorities.

**Executive Summary:** Developed the Organizational Performance Review Framework and supporting tools in collaboration with a pilot group. Piloted Performance Review Meetings at the Executive Portfolio to Director and Director to Manager level from both a site and provincial service lens. The Pilot groups included 1) at a Director to Manager level included Medicine at QEH and the Lab provincially and 2) at an Executive Portfolio and Director level included the QEH site.

### Key Outcomes / Findings / Recommendations

- Designed Performance Review Meetings (PRMs), including tools to support these meetings: Standard Work and Milestone One-pager template.
- Piloted PRMs at the Executive Portfolio to Director and Director to Manager level within two reporting lines (Laboratory Services and QEH Inpatient Medicine) to consider both the site and provincial service lens.
- Supported selection of service scorecard metrics as a key tool in PRMs.



## Deliverable Deep Dive

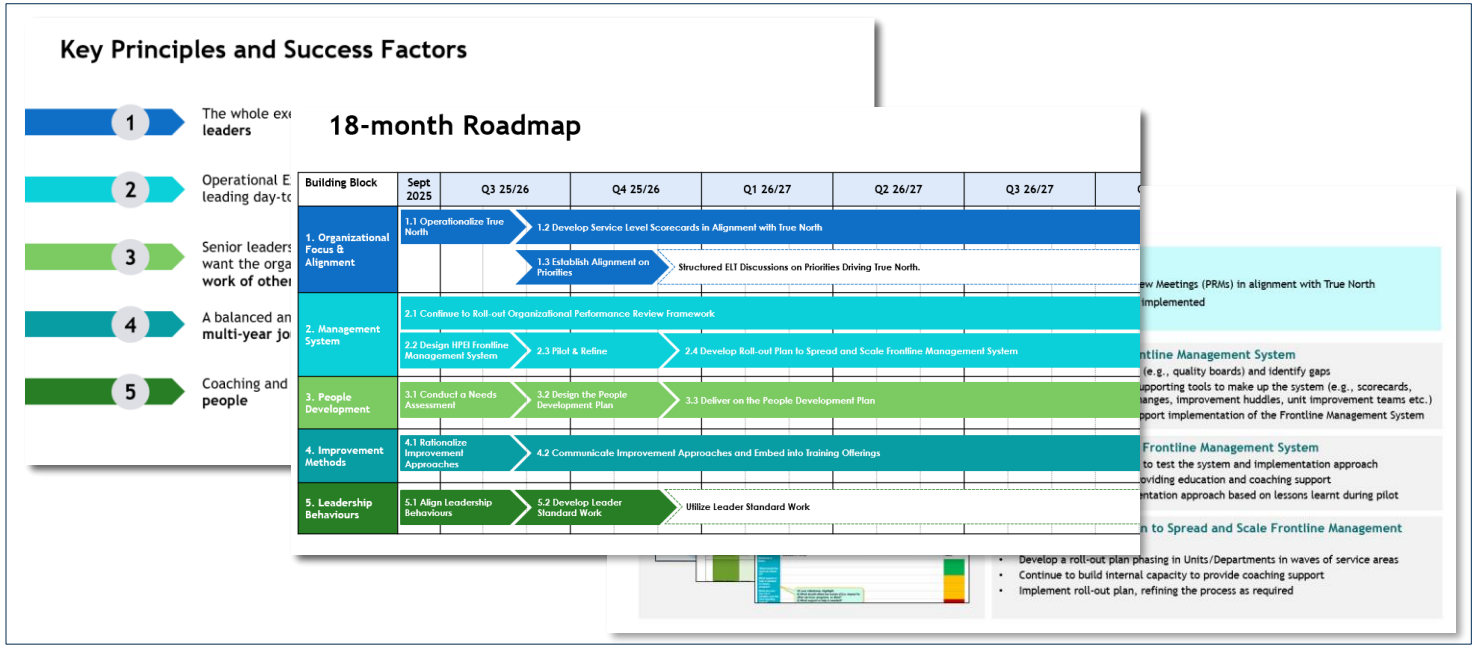
### Operational Excellence Roadmap

**Purpose:** Determine the path forward for Operational Excellence at HPEI.

**Executive Summary:** The roadmap outlines the path forward over the next 18 months across the 5 building blocks of Operational Excellence: 1) Organizational Focus and Alignment, 2) Management System, 3) People Development, 4) Improvement Methods and 5) Leadership Behaviours. It includes an overview of Operational Excellence, principles and success factors, an 18-month roadmap with key activities for each of the 5 building blocks, as well as next steps and resourcing recommendations.

### Key Outcomes / Findings / Recommendations

- Established 18-month roadmap, highlighted key activities for each building block, including sequencing based on leading practices globally.
- Detailed planning will be required to integrate past work/methods and current work (i.e., strategic planning) into future plans (e.g., quality boards, scorecards, True North).
- Continued Executive Leadership and dedicated support resourcing will be required to move at pace.



# Workstream: Transformation Enablement



## Workstream Description

This workstream aims to drive change and accelerate health system transformation through strategic advisory support, change management, project management, risk identification and mitigation, management analytics support, and capacity building.

## Key Accomplishments

- ✓ Developed a comprehensive roadmap that established objectives and activities across 7 workstreams
- ✓ Established a clear and consistent communications schedule to align all workstreams
- ✓ Identified, tracked, and responded to critical issues by supporting the SWOT function
- ✓ Developed transition materials to support knowledge transfer across all workstreams and with the HPEI TO
- ✓ Developed TO Executive and Workstream Initiative Dashboards to monitor progress, and enable evidence-based decision-making

## Deliverables

### Transformation Roadmap

Identify core transformation initiatives and refresh the integrated Transformation Roadmap that outlines the objectives and high level activities across initiatives.

### Communications Schedule

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

### Risk and Issues Tracker

Developed process and related tools within the TO (e.g. Risk and Issues Tracker) to support the identification, management, monitoring and resolution of imminent and emerging critical service disruption risks across HPEI.

### TO Transition Plan

Developed transition planning materials to support knowledge transfer and transition of Phase 2 work to the HPEI TO.

### TO Executive and Workstream Initiative Dashboards

Developed an Executive TO Dashboard and Workstream Initiative Dashboards to monitor performance of workstreams and enable data-driven decision-making.

## Potential Next Steps

1. Advance a strategic outlook across the health system to identify new opportunities and priority areas.
2. Continue strategic oversight within the TO while enabling project managers to complete operational priorities.
3. Facilitate knowledge transfer of TO capabilities to improve outcomes across Health PEI.
4. Continue to improve centralized data and analytics capabilities.

# Deliverable Deep Dive

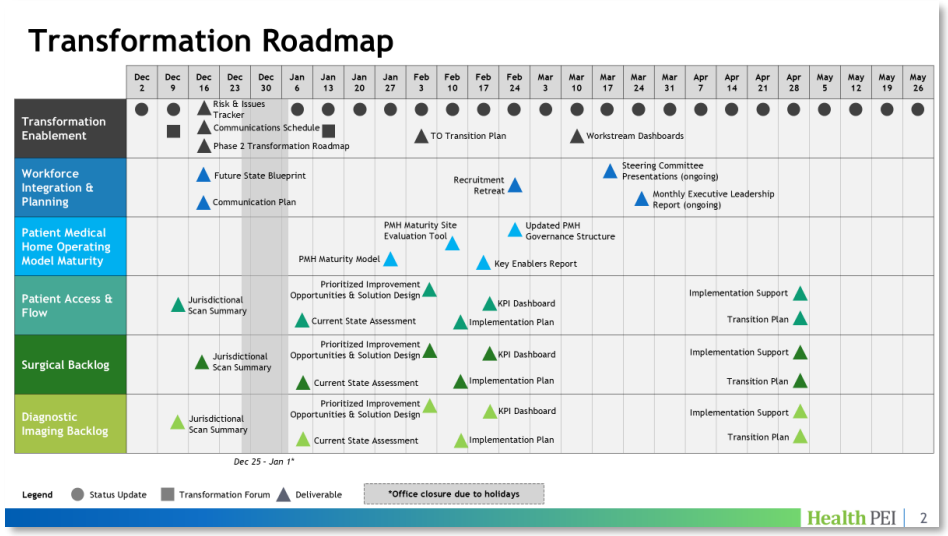
## Transformation Roadmap

**Purpose:** The purpose of the transformation roadmap is to serve as the source of truth behind organizational change. This set the pace and direction of the transformation from a systems-level perspective. It also highlights interdependencies and avoid conflicts by serving as the authoritative source on transformation progress.

**Executive Summary:** During initial Transformation Office Design Workshops, we defined the TO's core functions, which include designing and managing a comprehensive transformation roadmap and organizing efforts across the HPEI health system transformation. The transformation roadmap creates a structured approach to drive organizational change, foster transparency and accountability, and maintain momentum during the transformation journey.

## Key Outcomes / Findings / Recommendations

- ✓ The Transformation Roadmap established the source of truth for transformation activities across all workstreams.
- ✓ The Transformation Roadmap laid out the underlying processes and activities to operationalize TO priorities.



## Deliverable Deep Dive

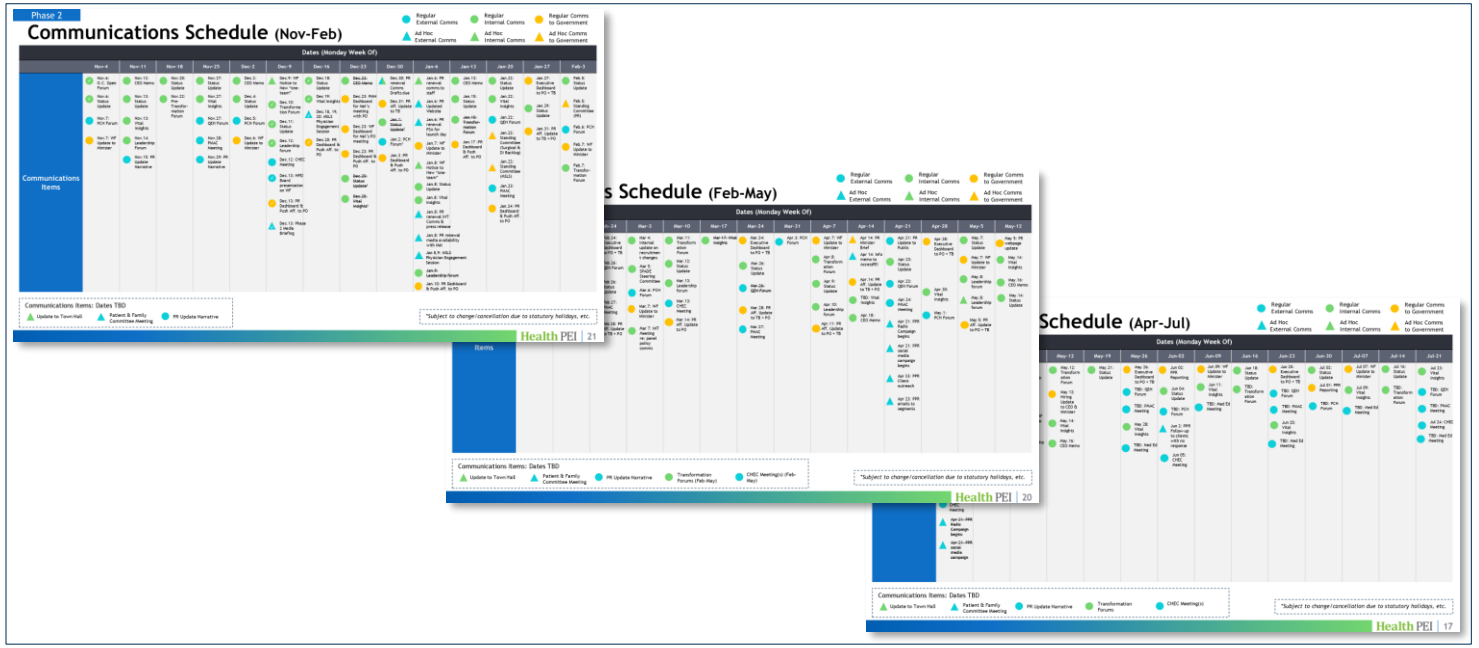
### Communications Schedule

**Purpose:** The Communications Schedule encompasses an array of communications items which were executed on a planned schedule. This cross-workstream overview tracks engagement with internal and external stakeholders fostering an environment of transparent accountability. The Communications schedule ensures that the right information reaches the appropriate stakeholders at right time.

**Executive Summary:** Through a quarterly schedule, the Communications Schedule outlines regular and milestone-related communications aligning to the overarching transformation goals. The quarterly schedule encompassed a diverse range of communication initiatives, including Status Updates, CEO Memos, Transformation Leadership Tables, Vital Insights reports, Transformation Forums, and materials for ad-hoc communications such as government updates, CHEC Meetings, and QEH/PCH Forums.

### Key Outcomes / Findings / Recommendations

- ✓ The structured communication schedule and weekly communications touchpoint meeting created a culture of accountability and transparency. This aligned with the healthcare transformation goals and ensured all stakeholders were consistently informed.
- ✓ The communications plan and schedule can continue to be leveraged to ensure TO communications items are being tracked, developed, and shared with stakeholders.



## Deliverable Deep Dive

### Risk and Issues Tracker

**Purpose:** The Risk and Issues Tracker was developed by the SWOT function of the TO to support the identification, management, monitoring and resolution of imminent and emerging critical service disruption risks across Health PEI.

**Executive Summary:** The SWOT Risk and Issues Tracker is a central source to track, monitor, and oversee resolution of imminent and emerging critical service disruption risks across Health PEI. This tracker is leveraged by the SWOT PM to guide the regular SWOT huddles with the SWOT Team (Including representation from relevant offices across HPEI) to in identifying, assigning, and tracking incoming and ongoing issues.

### Key Outcomes / Findings / Recommendations

- ✓ The SWOT Risk and Issues Tracker established a central source to identify, track, and monitor resolution of imminent and emerging critical service disruption risks across Health PEI.
- ✓ The Risk and Issues Tracker is used to inform the weekly SWOT roll-up summary shared with key HPEI leadership.

| Item | Overview | Date Entered | Submitter | Type | Situation | Metrics | Outcome | Discussion Today | Responsible | Owner | Archive | Briefing Notes | Next Steps |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

## Deliverable Deep Dive

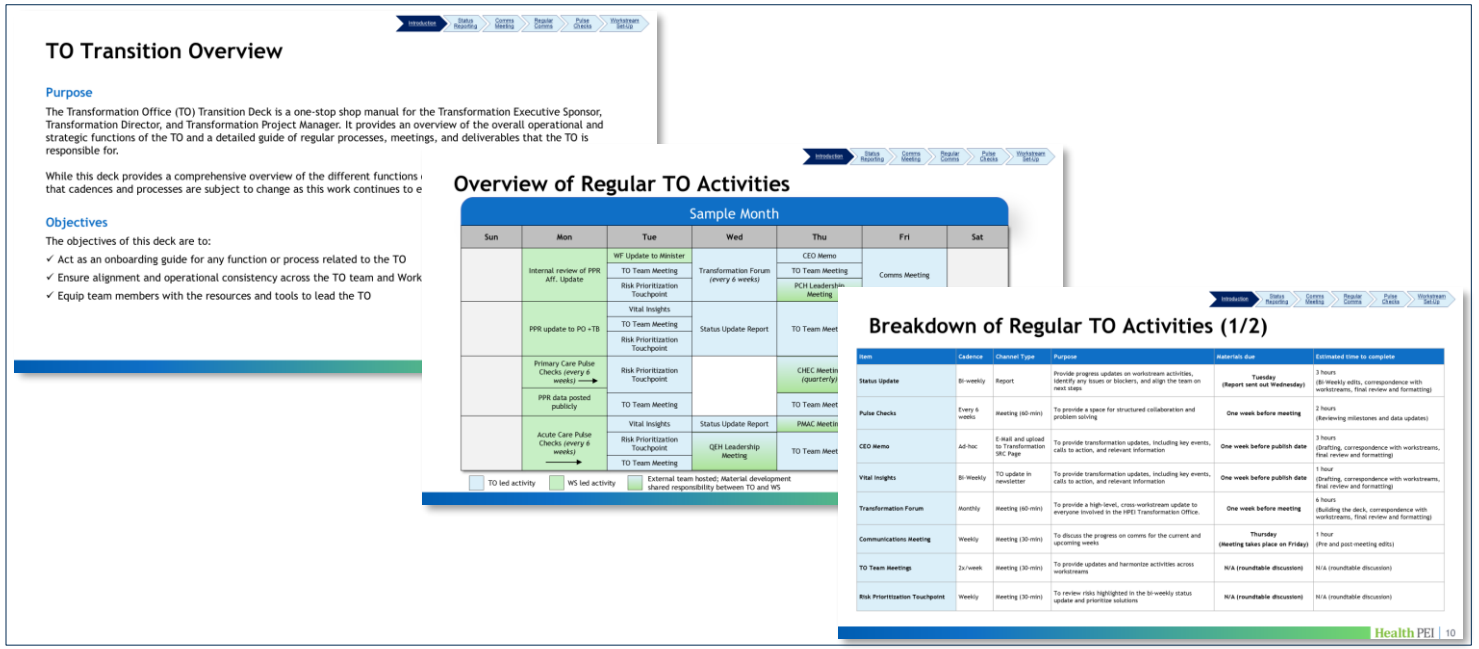
### TO Transition Plan

**Purpose:** The Transformation Office (TO) Transition Plan is a one-stop shop manual for the Transformation Executive Sponsor, Transformation Director, and Transformation Project Manager. It provides an overview of the overall operational and strategic functions of the TO and a detailed guide of regular processes, meetings, and deliverables that the TO is responsible for.

**Executive Summary:** The TO Transition Plan deck provides detailed instructions to prepare for regular, ongoing, and priority activities of the Transformation Office. The plan will serve as a thorough transition and future onboarding guide for any function or process related to the TO and ensure alignment and operational consistency across the TO and workstreams.

### Key Outcomes / Findings / Recommendations

- ✓ The TO Transition Plan offered a comprehensive roadmap of how to complete core Transformation Office activities.
- ✓ The TO Transition Plan can be used internally as an onboarding/training resource for new staff, as it outlines key information, templates, and responsibilities to of the TO.
- ✓ The TO Transition Plan identified the strategic and operational roles of the TO, offering further clarity on the evolution of the TO since Phase 1 and advice for maintaining strategic oversight of workstreams.



## Deliverable Deep Dive

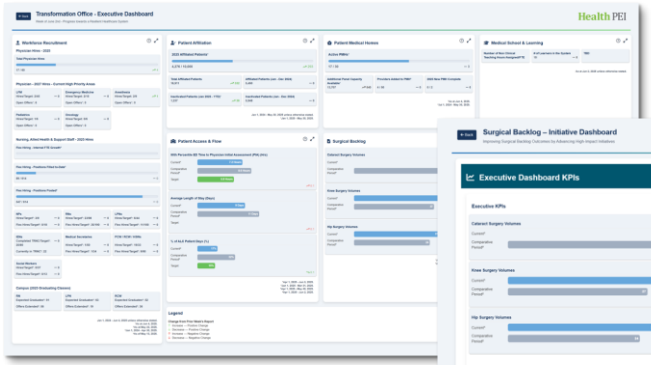
### TO Executive and Workstream Initiative Dashboards

**Purpose:** The TO Executive Dashboard and Workstream Initiative Dashboards enable progress monitoring, accountability, and evidence-based decision-making. More specifically, the TO Executive Dashboard provides a summary of performance across workstreams against key strategic targets. The Workstream Initiative Dashboards provide an overview of the progress of workstream initiatives in driving strategic targets.

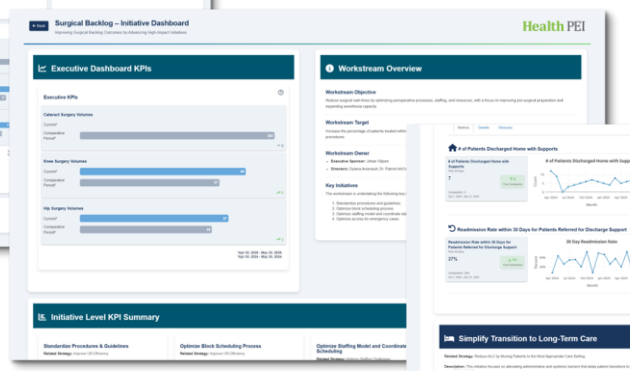
**Executive Summary:** The TO Execute Dashboard provides an overview of priority metrics from each workstream, aligned to high-level goals and targets. The Workstream Initiative Dashboards display performance across key KPIs selected to best reflect initiative progress.

### Key Outcomes / Findings / Recommendations

- ✓ The TO Executive and Workstream Initiative Dashboards provide a consolidated overview of key KPIs across workstreams in a clear, concise and actionable format.
- ✓ The TO Executive and Workstream Initiative Dashboards can be leveraged by executives and workstream teams to monitor progress, maintain visibility, and prompt action if required.




*Dashboard Information accurate as of Jun 2*




*Note: All data is mock data and illustrative.*


*Note: All data is mock data and illustrative.*