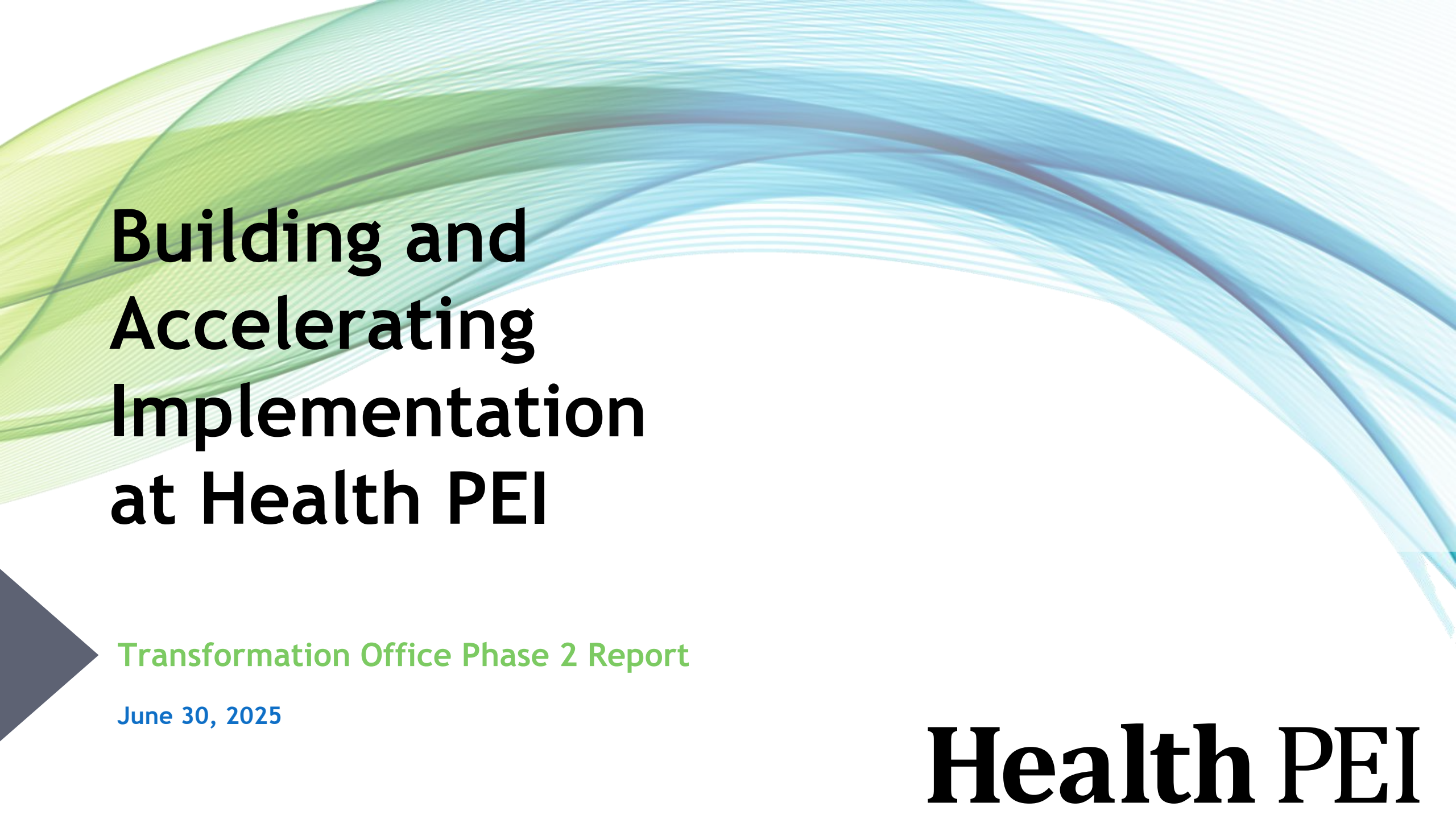




Building and Accelerating Implementation at Health PEI



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.

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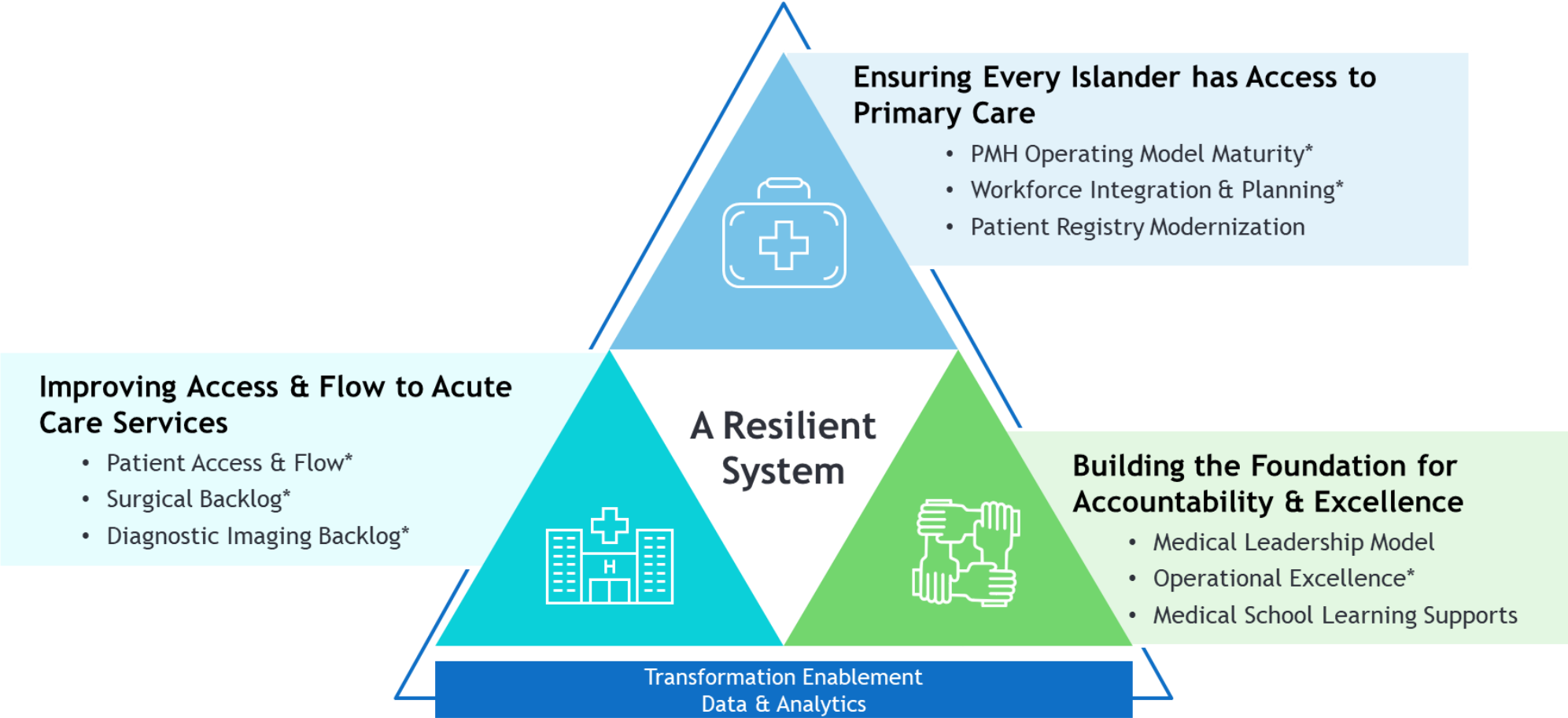


Project Overview

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

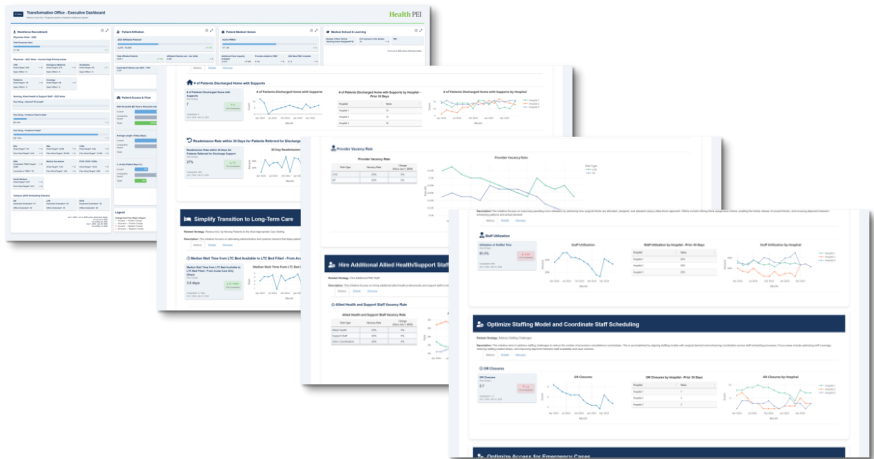
Facilitated the transition to a centralized healthcare recruitment team and assessed the maturity of PMHs across the Island.



Enabled Data-Driven Insight

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

Workstream Dashboards



Workstream Support

Workstream: Medical School Learning Support

1

2

3

4

5

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7

8

Current Reporting Period:
Feb 26 - March 11

Next Reporting Period:
March 12 - 25

W1

W2

W3

W4

W5

W6

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Reporting Date: February 26, 2025

Communications

Meetings

Accomplishments - Current Reporting Period

✓ Preparing for Med Ed Team Meeting. To review Health System to date and to review the Gap analysis. Feb 26

✓ Arrange a meeting with UPEI to review the metrics to pursue dashboard.

✓ Physician Engagement Meet with Hospitalists QOH and PCH F

✓ Physician Engagement Meet with Chw/Gene PCH Feb 26

✓ Provide Med Ed Summary of Team Meeting

✓ Physician Engagement: Continue to plan W, Psychiatry, Chw meeting

✓ Liaison Committee

Milestones

Physician Compensation and Funding Plan

Jan 2025

Feb 11, 2025

Physician Engagement activities

May 2024 - April 2025

Feb 11, 2025

Program Monitoring and Key Metrics for Tracking

Jan 6, 2025

Feb 11, 2025

On Track

On Hold

Significant delay

Upcoming Meetings & Communications

Item

Stakeholders

Status

Feb 25-26

Physician Engagement Sessions

HPEI HSL

Confirmed

Feb 26

Co-design workshop for PCH daily discharge planning

HPEI SPADE/PCH

Confirmed

Feb 26

Status Update Email

HPEI TO

Confirmed

Feb 26

WF Pulse Check

HPEI WF

Confirmed

Feb 27

DI Backlog Pulse Check

HPEI DI Backlog

Confirmed

Feb 27

PCH OR Committee Meeting

HPEI Surgical Backlog

Confirmed

Feb 28

Surgical Backlog Pulse Check

HPEI Surgical Backlog

Confirmed

Feb 28

PR Aff. Update to PO & TB

HPEI PR /PO/TB

Confirmed

Feb 28

Executive Dashboard to PO & TB

HPEI TO

TBD

Mar 5

SPADE Steering Committee Meeting

HPEI SPADE

TBD

Mar 6

Vital Insights

HPEI TO

TBD

Mar 7

WF Update to Minister

HPEI WF

Confirmed

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 ✓ 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	✓ 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 new 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	✓ 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	✓ 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 of OR cuts originally identified ✓ Drafted ambulatory and outpatient expansion recommendations ✓ 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. ✓ Propose 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	✓ 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.	✓ Developed a comprehensive roadmap that established objectives and activities across 7 workstreams ✓ Established a 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 Exec and Workstream Initiative Dashboards to monitor progress, and enable evidence-based decision-making

**Phase 2 Workstream
Summaries**

Health PEI

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.

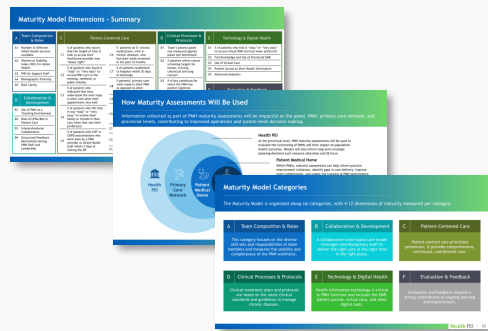
Key Accomplishments

- ✓ 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

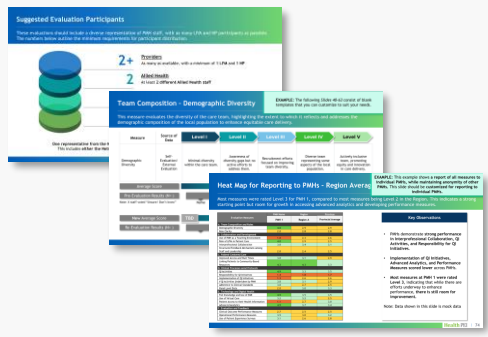
PMH Maturity Model

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



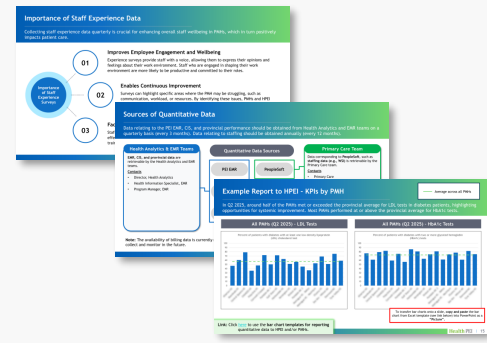
PMH Maturity Evaluation Facilitation Guide

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 LFMNs 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.

Suggested Evaluation Participants

These evaluations should include a diverse representation of PMH staff, with as many LFM and NP participants as possible. The numbers below outline the minimum requirements for participant distribution.

2+

Providers
As many as available, with a minimum of 1 LFM and 1 NP

2

Allied Health
At least 2 different Allied Health roles

2

Teamlet (Core Support) Staff
At least 1 MOA and 1 LPN

1

Clinic Coordinator
The PMH Clinic Coordinator

One representative from the Network team should be present to observe and This includes either the Network Manager, the Clinical Lead, or the Admin

Team Composition - Demographic Diversity

EXAMPLE: The following Slides 40-63 consist of blank templates that you can customize to suit your needs.

This measure evaluates the diversity of the care team, highlighting the extent to which it reflects and addresses the demographic composition of the local population to enhance equitable care delivery.

Measure	Source of Data	Level I	Level II	Level III	Level IV	Level V
Demographic Diversity	Self-Evaluation/ External Evaluation	Minimal diversity within the care team.	Awareness of diversity gaps but no active efforts to address them.	Recruitment efforts focused on improving team diversity.		
Average Score					TBD	
Re-Evaluation Results (N=)		Name	Name	Name		
Note: A staff voted "Unsure/Don't know"						
New Average Score		TBD				
Re-Evaluation Results (N=)						

Heat Map for Reporting to PMHs - Region Average

Most measures were rated Level 3 for PMH 1, compared to most measures being Level 2 in the Region. This indicates a strong starting point but room for growth in accessing advanced analytics and developing performance measures.

Evaluation Measures	PMH 1	Region A	Regional Average
A. Team Composition and Roles			
Diversity, Diversity	2.0	2.0	2.0
Role of PM in Patient Care	2.0	2.0	2.0
Use of PM as a Teaching Environment	2.0	2.0	2.0
Interprofessional Collaboration	2.0	2.0	2.0
Recruitment Feedback Mechanisms among staff and leadership	2.0	2.0	2.0
B. Clinical Processes and Protocols			
Interpretation and Use of Data	2.0	2.0	2.0
Linking Patients to Community-Based Resources	2.0	2.0	2.0
C. Quality Improvement and Performance			
Responsibility for QI Initiatives	2.0	2.0	2.0
Implementation of QI Initiatives	2.0	2.0	2.0
Use of Data to Inform Care	2.0	2.0	2.0
Adherence to Clinical Standards	2.0	2.0	2.0
D. Patient Access and Engagement			
PM Knowledge and Use of Data	2.0	2.0	2.0
Use of Virtual Care	2.0	2.0	2.0
Patient Access to Their Health Information	2.0	2.0	2.0
Advanced Analytics	2.0	2.0	2.0
E. Operational Performance Measures			
Clinical Outcome Performance Measures	2.0	2.0	2.0
Operational Performance Measures	2.0	2.0	2.0
Use of Patient Experience Surveys	2.0	2.0	2.0

Key Observations

- PMHs demonstrate strong performance in Interprofessional Collaboration, QI Activities, and Responsibility for QI Initiatives.
- Implementation of QI Initiatives, Advanced Analytics, and Performance Measures scored lower across PMHs.
- Most measures at PMH 1 were rated Level 3, indicating that while there are efforts underway to enhance performance, there is still room for improvement.

Note: Data shown in this slide is mock data

Health PEI | 10

Deliverable Deep Dive

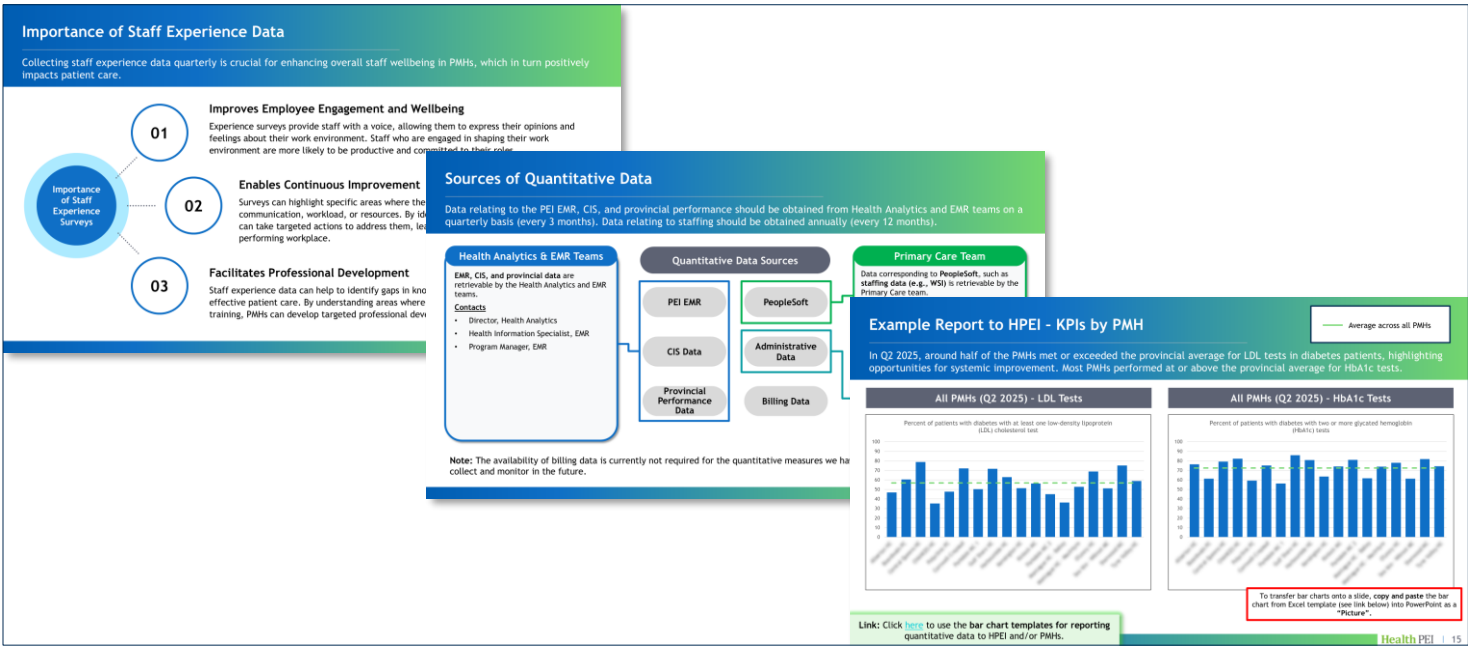
PMH Guidance on Quantitative Assessments & Experience Surveys

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 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

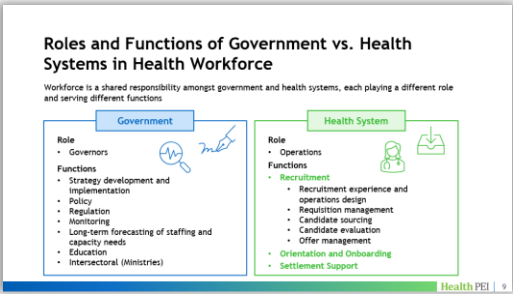
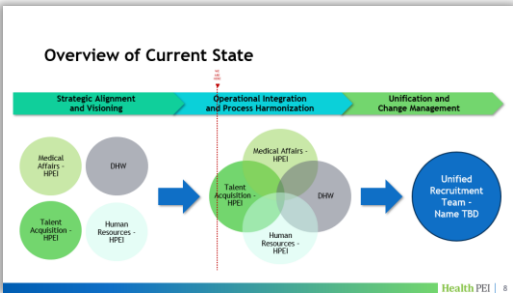
Future State Organizational Design

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.



Role	Responsibilities
Recruitment Specialist	Identify needs for recruitment, Develop recruitment strategy, Manage recruitment process, etc.
Sourcing Specialist	Identify potential candidates, Build relationships with external agencies, etc.
Coordinator	Manage recruitment process, Provide administrative support, etc.



Deliverable Deep Dive

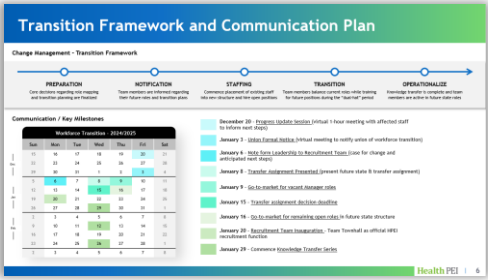
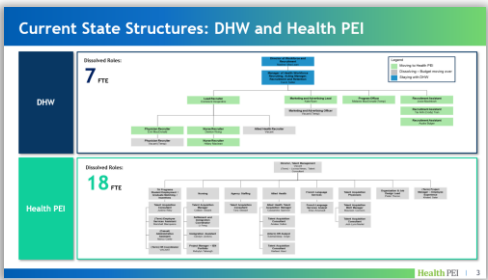
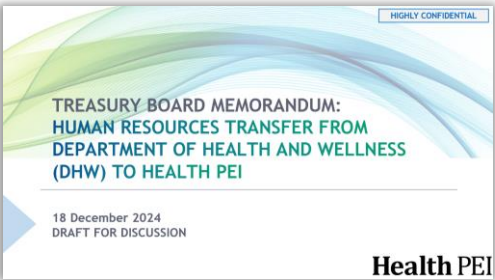
Treasury Board Approval

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

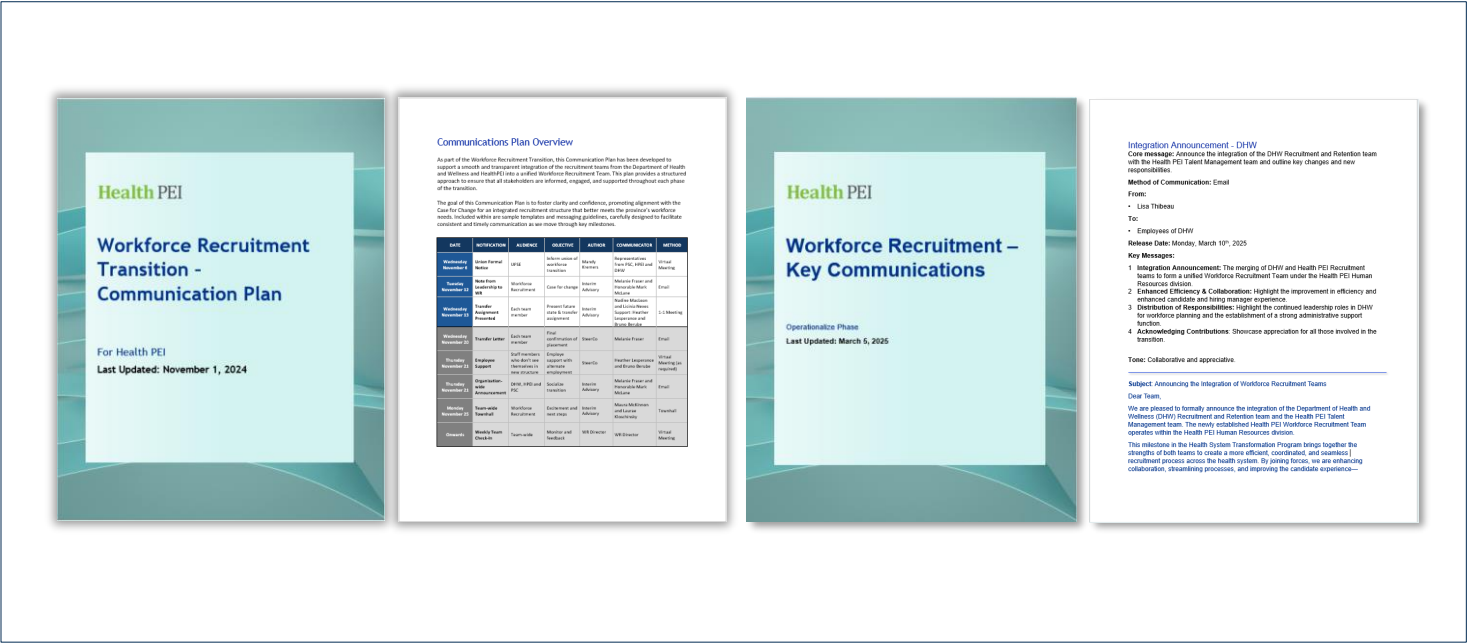
Communications Plan

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.

Future State Roles and Responsibilities

The recruitment responsibilities below can primarily be divided into 3 key functions. However, interdisciplinary collaboration is essential for successful operationalization of the future state.

Sourcing	Recruitment Operations	Recruitment Administration
Talent Pipeline Development Employment Brand Management Recruitment Strategy Development Market Research Talent Engagement Candidate Outreach Recruitment Analytics (PEI, etc.)	Candidate Relationship Management Interview Scheduling & Coordination Offer Management High-Speed Onboarding Candidate Tracking Employment Onboarding & Integration Candidate Success & Retention Pre-Work Assessment Post-Work Assessment	Recruitment System Management HR Data Reporting & Analytics HR Policy Compliance Recruitment Compliance Resource Allocation Budget Management Recruitment Metrics & Reporting Recruitment Quality Assurance Recruitment Training Recruitment Support Recruitment Risk Management Recruitment Security Recruitment Governance Recruitment Audit Recruitment Compliance Recruitment Policy Development Recruitment Policy Implementation Recruitment Policy Monitoring Recruitment Policy Review Recruitment Policy Update

Future State Alignment with Goals

The future state structure was designed to include and emphasize the following 8 key opportunities, developed in collaboration with leadership.

01 | Sourcing vs. Recruiting
Differentiate between candidate sourcing and pipeline generation versus managing recruitment competition.

02 | Strategic Business Partnering
Specialists and coordinators align with specific job families, portfolios, business units, and geographies to proactively address recurring needs.

03 | Recruitment Pods
Transition from an individual as single POC to a pod of Coordinator, Specialist, and Recruiter ensuring accountability and coverage.

04 | Metrics and Reporting
Focus on improving data analytics capabilities to provide real-time metrics and support informed decision-making.

05 | Embedding DEI
Change diverse talent sourcing and create accessible and inclusive recruitment processes. Focus on team skilling and engagement.

06 | Strategic Workforce Planning
Anticipate future staffing needs, aligning workforce with organizational and government goals.

07 | Employer Brand Marketing
Expand employer branding efforts and capacity to support targeted recruitment, clearly communicating the employee brand proposition.

08 | High-Performing Team
Leverage the strong interest in becoming a high-performing team to setting clear expectations and fostering accountability.

The Pod Approach: A Collaborative Recruitment Model

This portfolio-focused model ensures seamless end-to-end recruitment, visibility, and accountability, enabling the team to effectively attract, engage, and hire professionals aligned to the workforce needs of HPEI.

The pods are composed of 3 core roles:

Sourcing Specialist

Recruitment Specialist

Coordinator

Each pod is assigned to a specific portfolio and manages the candidate from the initial sourcing stage through to the job offer.

Role	Focus
Sourcing Specialist	Focused on building and maintaining the candidate pipeline.
Recruitment Specialist	Focused on candidate engagement and assessment.
Coordinator	Focused on administrative support and logistics.

The Candidate Journey:

01 | Assess02 | Apply03 | Select04 | Deliver

Sourcing Specialist

Recruitment Specialist

Coordinator

Pod Interplay & Collaboration:

- Daily Huddle: Brief daily check-ins to discuss pipeline status, sourcing, interviews, and candidate needs.
- Weekly Pod Reviews: Focused meetings to review metrics, address challenges, and adjust strategies as necessary.
- Shared Performance Metrics: Each pod is measured on the key metrics for the pod and collectively experience ratings.

Benefits of the Pod Approach:

- Portfolio specialization
- Resource allocation and transparency
- Improved candidate experience
- Team alignment and performance measurement
- Continuous improvement

Deliverable Deep Dive

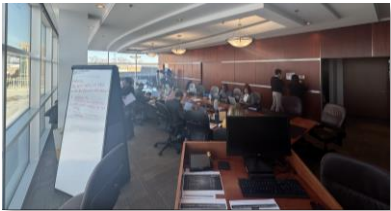
Recruitment Retreat & Knowledge Transfer Series

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.



The Centre of Excellence Model

The Centre of Excellence (CoE) approach operationalizes specialized knowledge, resources, and expertise to deliver high-quality, consistent, and efficient services. It aligns recruitment with HPEI's long-term goals, ensuring flexibility and responsiveness to both current and future needs.

The CoE Model highlights expertise across two functions:

- Recruitment Excellence:** Focused on talent acquisition processes for specific functions (i.e. physicians).
- Human Resources Strategy:** Focused on expertise in broader HR functions for a holistic approach to workforce planning (i.e. sourcing).

The CoE allows us to leverage deep expertise from two distinct but complementary recruitment functions.

The CoE Model allows us to:

- 01 Establish Process Consistency: By creating clear protocols and guidelines to ensure recruitment is handled with consistency.
- 02 Innovate in Recruitment: The CoE will serve as a hub for innovation, continuously evaluating new trends and methodologies in recruitment.
- 03 Make Data-Driven Insights: The CoE can collect and analyze data across all recruitment activities to provide actionable insights.
- 04 Create a Knowledge Repository: Serve as a hub for knowledge management, creating resources, training materials, and case studies that can be shared.

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Purpose and Vision: Defining Our Team's Identity

15 minutes

01 Thought Collection

- Each station has a prompting statement or question.
- Use sticky notes to share your ideas, suggestions, or proposed rules of engagement.
- Place one idea per sticky note, and feel free to expand on or refine others' thoughts.

02 Pick Your Priorities

- Rotate back to each station and review the sticky notes posted.
- Place stickers on the ideas you believe are most important or practical.
- Aim to highlight the rules of engagement that resonate most strongly with you.

03 Align and Affirm

- As a full group, let's discuss the ideas that received the most stickers.
- Consider why these particular suggestions stood out and whether they need refinement or clarification.

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Executive Insights: Panellists

 Chief Operating Officer	 Chief Nursing and Professional Practice Officer	 Chief Medical Officer
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Fireside Chat: Panelists

 Executive Director, Community Health and Seniors Care	 Executive Director, Hospital Services and Patient Flow	 Executive Director, Mental Health & Addictions	 Executive Director, Access & Affiliation
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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., QHR / 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
Spence (Queen's) Hospital (QHR)	Charlottetown	Acute care (Secondary & Tertiary)	205	Y*
Prince County Hospital (PCH)	Summerside	Acute care (Secondary)	89	Y*
King County Memorial	Montserrat	Community	30	Y
South Hospital	South	Community	17	N
Community Hospital (CH)	O'Leary	Community	15	N
Western Hospital	Alberton	Community	23	Y

Hospitals in PEI
Note: *Figures exclude Mental Health beds
*Years 2017
*per 1000 of population
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Bed Management

Bed management strategies are to efficiently allocate and utilize hospital beds to ensure optimal care delivery and operational efficiency. This involves carefully tracking, managing, 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 clinical 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 recent 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 moving patients within 36-48 hours required optimal daily average occupancy levels of 89-92% for Medicine, 76-79% for Cardiology, and 72-76% for Observation cohorts.²
- A quality improvement study implementing care 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 15.3 to 3.2 hours.³
- A facility-based transitional care unit enhanced patient flow for lower acuity patients by clearly defining target populations, designing tailored care models, and ensuring adequate resources and streamlined processes.⁴

Ontario

- Maple Leaf Health's Connected Centre serves as a "virtual control" room that monitors hospital operations and bed availability, enabling quick decision-making to enhance patient flow and reduce wait times.⁵
- Quinta Health conducts regular "bed board" meetings, where representatives from various units gather multiple times a day to discuss current pressures, barriers, and priorities related to patient flow.⁶
- 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.⁷
- The Provincial Hospital Resource System (PHRS), managed by CitiCall Ontario, allows hospitals to share real-time information about bed availability, thus improving communication for efficient patient transfers.⁸

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.⁹
- Uro Care Hospital has implemented a Unified Management Suite (UMS) that provides real-time information about bed availability, pending discharges, and bed cleaners' status, helping to improve patient placement and reduce time spent in transition areas.¹⁰
- The Okanagan Health System is utilizing 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 hospital beds.¹¹
- CR Health Group has opened a transitional care home in Burnaby for patients needing support after leaving the hospital. Fraser Health uses the George Reid Unit for patients who no longer require acute care but can't return home, while Vancouver Coastal Health offers a Consolidated Care Program that provides short-term care to patients.^{12,13}

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3 | Chicago Southland
Chicago, United States

- Community Transition**
 - The Chicago Southland Coalition for Transition Care (CSCTC) program was a Community-Based Care Transition Program (CCCTP) 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 18,250 predominantly low-income patients.
 - The program aimed to redistribute the burden of discharge care management from hospitals to the community through social workers, nurses, and other community-based providers.
 - CSCTC measured a 19% reduction in 30-day readmission rates among patients who received the program.
 - CSCTC saw a 10% 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 \$100 more per patient than it cost 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 70 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%.¹⁴
- Human Health Resource**
 - 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.

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Impact & Effort Summary
Mapping of the common patient flow initiatives explored in this scan based on perceived level of impact and effort.

Practice Area	Initiative	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
Community Transitions	Home-Based Discharge Assessments	Medium	Medium
	Care Coordination	High	Medium
	Standardized Post-Discharge Follow-Up	Medium	Medium
Health Optimization	Patient Education	High	Low
	Community Partnerships	Medium	Medium
	Innovative Technology	Medium	High
Health Optimization	Flexible Staffing Models	Medium	Medium
	Innovative Roles and Interdisciplinary Teams	Medium	Medium
	Advanced Training	Medium	Medium
Health Optimization	Advanced Scheduling Systems	Medium	Medium
	Retention and Recruitment Incentives	Low	Low

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Deliverable Deep Dive

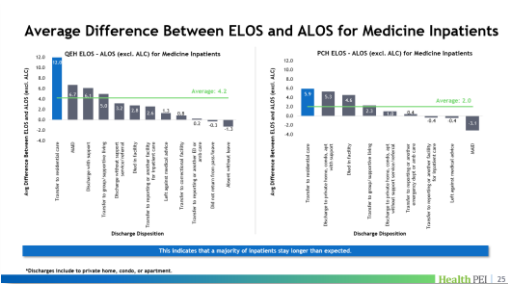
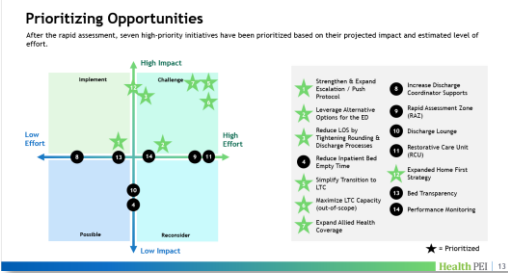
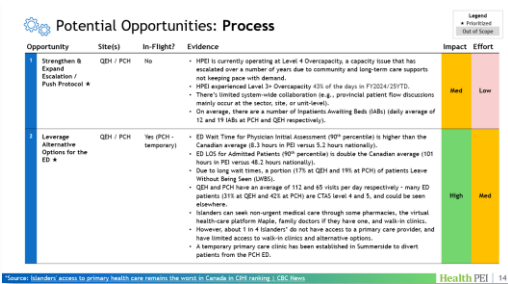
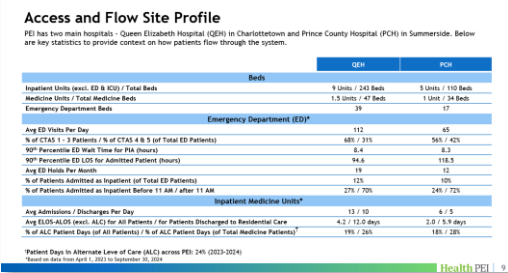
Current State Assessment

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.

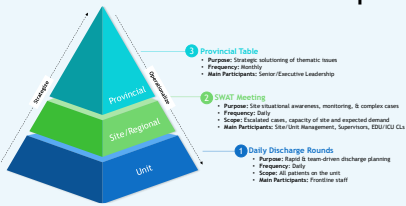


Deliverable Deep Dive

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.

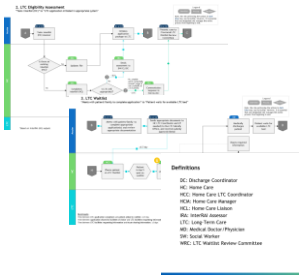
Executive Summary: The refreshed LTC Admission, Transfer and Placement Policy will replace two existing policies: Admission to Long-Term Care List Management and LTC Admission to Long-Term Care. This new policy includes information regarding LTC eligibility assessments, LTC waitlist management, the provincial 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.

Prioritized Opportunity and Solutions Designed

	Challenges	Recommendations for Improvement	Rationale	Anticipated Impact	Future State
1. Patients identified early for Alternate Level of Care - Long Term Care (ALC) LTC.	• Per CNA, "Set of patient days in 2023-24 were ALC, with some independent patients suitable for community-based care."	1. Develop "Home First" Philosophy / Guiding Principles: Draft the Home First Philosophy document and related implementation plan. Launch the new "Home First" Philosophy.	• Currently no framework for a Home First Philosophy.	• Encourages faster patient recovery and independence.	• Fostered a "Home First" philosophy among staff and patients to prioritize and promote recovery in the comfort of the home.
	• Introduced a standardized philosophy for discharge decisions in PEI, many patients who could be safely discharged home with supports are transferred to higher care levels, increasing system costs and straining Long Term Care and Community Care capacity.	2. Identify Additional Services and Programs Required to Support "Home First": Review the existing home care services currently available. Identify any gaps in service offerings, and provide recommendations for priority services.	• Staff perceptions and organizational culture can bias discharge decisions towards LTC or Community Care, especially for older adults.	• Avoids expensive institutional care.	• Ensured comprehensive knowledge of available home care services to support
2. Simplify Transition to LTC Detailed Path Forward Plan					
2. Lack of standardization in the LTC application review process, data collection, information sharing, roles, and timelines causes delays in moving patients from acute care to long-term care (LTC).	• Delays result in extended lengths of stay for patients awaiting LTC in acute care facilities.	1. Standardize the LTC Process: Combine and refine existing policies into a single, comprehensive LTC Admissions, Transfers, and Placement Policy. This will include new procedures such as:	• A single, comprehensive policy eliminates confusion and variability by providing clear guidelines for information sharing, approvals, appeals, and transfers across all LTC-related processes.	• Promotes clarity and standardization regarding roles and requests LTC placement process.	• Promotes accountability across all involved in the LTC placement process.
	• Decisions on patient eligibility for the LTC waitlist occur mostly at QIP and in weekly at PCH during LTC Placement Committee meetings.	• Information sharing requirements & process • Withholding approval process • The Provincial Committee process • The Appeals Board process • Transfer to LTC Process • Information sharing requirements • Acute Care Benchmarks	• Consolidating three county committees into one centralized LTC Waitlist Review Committee streamlines complex case reviews and reduces administrative duplication.	• Streamlines flow of ALC patients to LTC facilities.	• Reduces wait times from LTC to LTC Bed Filled
3. After a bed is assigned, transferring patients from hospital to LTC can take several days due to issues like timelines needed to inform prior patients' caregivers.	• The average non-ALC-related length of stay (LOS) exceeded 10.0 days for 15.0 days at QIP and 10.0 days at PCH for medicine patients transferred to residential care, potentially further delaying transfers.	2. Review the LTC Placement Committee: Consolidate the 3 county committees into a single LTC Waitlist Review Committee. Report on reviewing committee cases pending admission to the LTC Waitlist.	• Standardized roles and targeted training across acute care, home care, and LTC facilities ensure consistent service delivery and eliminate gaps in patient care coordination.	• Standardized roles and targeted training across acute care, home care, and LTC facilities ensure consistent service delivery and eliminate gaps in patient care coordination.	
		3. Standardize Roles and Responsibilities: Identify variability in roles across acute care, home care, and LTC in regards to the LTC process. Standardize these roles across sites. Train current staff on new processes and hire additional staff to support.			
4. Finalize proposed changes to roles and responsibilities with appropriate HPEI Directors and incorporate feedback as required					
5. Start to communicate proposed changes to processes with appropriate stakeholders					
6. Develop a change management plan to roll out policy and process with affected stakeholders, including considerations for: o Dismissing the LTC Placement Committee o Consolidating county waitlists into a single provincial waitlist o Updating public and patient education materials o Training HPEI staff and LTC homes on policy & process changes					
7. Identify the requirements for a bed board management system, review existing systems (e.g., CERNER and AlayaCare) to determine eligibility, and identify recommendations for the system					
8. Develop educational materials, train Home Care and LTC staff, and launch new bed board management system process					
9. Train staff on proposed changes to roles and continue hiring, if necessary					
10. Gradually roll out changes to acute care roles, starting at the two major hospitals (QIP and PCH) followed by the community hospitals					
11. Consolidate LTC Placement Committees and launch withholding approval process					
12. Consolidate county waitlists into a single provincial waitlist					
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14. Gradually roll out changes to acute care roles, starting at the two major hospitals (QIP and PCH) followed by the community hospitals					
15. Develop LTC Waitlist Review Committee (new Provincial Committee) Terms of Reference and finalize with appropriate stakeholders					
16. Engage with the Directors of Hospital Services and other appropriate stakeholders regarding proposed changes to roles and responsibilities					
17. Determine staffing needs and identify plan to hire additional staff/train existing staff to support changes in roles, as appropriate					
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19. Start to communicate policy/process changes with affected stakeholders through educational materials and focus groups (e.g., with HC LTC Coordinators/managers, LTC, acute, etc.)					
20. Identify the requirements for a bed board management system, review existing systems (e.g., CERNER and AlayaCare) to determine eligibility, and identify recommendations for the system					
21. If needed, undergo procurement of new bed board management system					
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83. Train staff on proposed changes to roles and continue hiring, if necessary					
84. Gradually roll out changes to acute care roles, starting at the two major hospitals (QIP and PCH) followed by the community hospitals					
85. Develop LTC Waitlist Review Committee (new Provincial Committee) Terms of Reference and finalize with appropriate stakeholders					
86. Engage with the Directors of Hospital Services and other appropriate stakeholders regarding proposed changes to roles and responsibilities					
87. Determine staffing needs and identify plan to hire additional staff/train existing staff to support changes in roles, as appropriate					
88. Develop a change management plan to roll out policy and process with affected stakeholders, including considerations for: o Dismissing the LTC Placement Committee o Consolidating county waitlists into a single provincial waitlist o Updating public and patient education materials o Training HPEI staff and LTC homes on policy & process changes					
89. Start to communicate policy/process changes with affected stakeholders through educational materials and focus groups (e.g., with HC LTC Coordinators/managers, LTC, acute, etc.)					
90. Identify the requirements for a bed board management system, review existing systems (e.g., CERNER and AlayaCare) to determine eligibility, and identify recommendations for the system					
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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.

Background

PEI is facing lengthy surgical wait times compared to the rest of the country.

- The acute care system in PEI includes 7 hospitals across the island, reflecting the province's population of approximately 141,000 residents.
- Two of the 7 acute hospitals provide surgical care to the province's population of approximately 141,000 residents.
- With 6 operating rooms (ORs) in the two main referral hospitals combined, managing the surgical backlog can be challenging.
- The limited number of OR staff in the province can lead to exacerbation of the surgical waitlist.

Hospital	Location	Type	Number of ORs
Charlottetown Hospital	Charlottetown	Acute care (Secondary & Tertiary)	6
Prince County Hospital (PCH)	Semaphore	Acute care (Secondary)	1

Figure 1: Map of PEI showing hospital locations.

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2 | Pediatric Teaching Hospital and Trauma Center

Ontario, Canada

Context: This pediatric hospital is a research-intensive, major pediatric teaching hospital. First cases are scheduled to start at 8:00 AM (later than most other pediatric ORs) but are often not started on time. OR blocks are assigned to service rather than to surgeons so there is no consistency week to week as to which surgeons will be performing surgery on a given day. Additionally, it is particularly difficult to retain OR nurses and the organization is focused on ending the day on time as to avoid frequent overtime. As a result of the following initiatives, on-time starts dramatically improved from about 60 to 80%.

Leadership: The surgeons are led by the head of the OR and when the surgeon is on time and makes an effort to introduce themselves to all of the staff in the room, the day goes more smoothly.

Team Huddle: Every morning at 7:30 AM, the staff surgeon, anesthesiologist and nurses of each room gather to discuss the cases for the day (e.g., what procedures are being performed, what specific equipment is needed, any risks or concerns, etc.) before the first patient arrives in the room. This helps to ensure that all team members are present and on time, and can prepare for the day ahead.

OR Turnover: The hospital has OR dedicated multi-skilled staff who are trained to clean, stock, transport patients etc. and are on stand-by to turnover the OR. Nurses, an integrated communication system, is used to contact staff when a procedure is closing so that the turnover team is ready and waiting outside of the OR when the patient exits.

Performance Management: The surgical administration team and the surgical clinic team regularly review efficiency data and discuss performance of providers and staff. The surgeons and anesthesiologists who are persistently late are addressed on an individual level, but no specific punishment is levied. The percentage of on-time starts for the entire operating room is posted each day on a board across from the main OR desk and the percentage of on-time starts for each service by month was posted in a visible location in the OR.

Optimize Health Human Resources

- **Pre-Operative Assessment:** Every patient undergoes a preoperative assessment ahead of surgery to determine the progress of surgery, evaluation, information and education. This helps to reduce economic loss or inconvenience to patients, parents, physicians, nursing, and hospital staff by avoiding delays and cancellations.
- **Aligned Staffing to Patient Flow:** Additional staff were assigned to pre-op to ensure that patients were prepared by 7:15 AM.
- **Revised Schedules:** The achievement of 7 days a week of ORs on time starts was achieved (published), and was celebrated by a prize lunch for the entire OR staff that was attended by the chief executive officer of the hospital.

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Efficiency Improvements

Inefficiencies of perioperative processes lead to underutilization of surgical resources, resulting in longer procedures being performed within a given timeframe. Late first case starts can cascade into subsequent delays while extended turnover times between cases can create bottlenecks, further limiting the OR's capacity. A number of leading practices to improve the efficiency of OR processes have been identified below.

The Literature

- Institutions can achieve significant improvements in OR efficiency by analyzing OR data on issues of delays, driving strategies for increasing accountability, streamlining of procedures and interdisciplinary team work are an important contribution to improved efficiency.
- **Regional anesthesia block rooms** offer a dedicated environment to perform regional anesthesia procedures before the patient enters the OR, decreasing total OR time per surgical case.
- **Parallel processing** has been used to reduce idle time, shorten induction and turnover times, improve capacity, and minimize turnover.
- **Process improvement methodologies** such as Lean Six Sigma have been shown to decrease turnover times between cases and improve wait times, wait list numbers, surgical volumes, case throughput, numbers of no-shows and cancellations.
- **Staggered scheduling of ORs** enables surgical teams to "float" between rooms as patients are prepared for surgery by other team members, which reduces downtime. **Scheduling more complete cases at the end of the day** reduce delays and cancellations.

Standardizing surgical procedures, equipment, and clinical practices can reduce variation and increase productivity with relatively small investments.

Improved preoperative planning such as proper site marking and surgical consent 15 to 30 minutes before surgery has been shown to increase first case on-time starts and reduce delays.

Canada

Surgery Care Teaching Hospital, B.C.

- To reduce turnover times, a tertiary teaching hospital implemented a model featuring two alternate regional anesthesia "swing" ORs managed by a single anesthesiologist.
- As a result, time between cases in these "swing" ORs had median turnover time of 15 minutes compared to 34 minutes when using the traditional model of general anesthesia in a single OR.

London Health Sciences Centre, Ontario

- To improve OR efficiency, the hospital phased "Open Throughput" ORs specifically designed for faster and safer anterior hip replacements. The pilot for non-orthopedic non-hip ORs can use time processing, parallel processing and teamwork to decrease total case time, OR turnover time, housekeeping, and set-up and induction times.
- To improve efficiency, the center assigns patients either to a conventional OR room or a high-efficiency OR room, where the high-efficiency room uses local anesthesia and a block room rather than general anesthesia.
- As a result, costs associated with the high-efficiency OR room were 60% lower than with the conventional room.

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Impact & Effort Summary

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

Practice Area	Initiative	Impact on Surgical Waitlist	Effort
OR Efficiency Improvements	Process improvement methodologies	Medium	Medium
	Standardized processes	Medium	Low
	Parallel processing	High	Medium
	Staggered scheduling	Medium	Medium
Optimize Perioperative Assets	Regional anesthesia block rooms	High	High
	Predictive analytics	Medium	High
	Single entry model (SEM)	High	High
	Pre-surgical Clinic	High	High
Pre-Surgical Optimization	Advanced recovery after surgery (ERAS) protocols	Low	Medium
	Centralized pre-admission clinics	Medium	Low
	Pre-anesthetic assessment clinics	Medium	Low
	Standardized pre-surgical assessments	Medium	Low
HHR Optimization	Anesthesia care teams (ACTs) with anesthesia assistants (AAs)	High	High
	Nurses as Surgical Assistants	High	Medium
	Standardized Pre-operative Assessments	Medium	Medium

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Deliverable Deep Dive

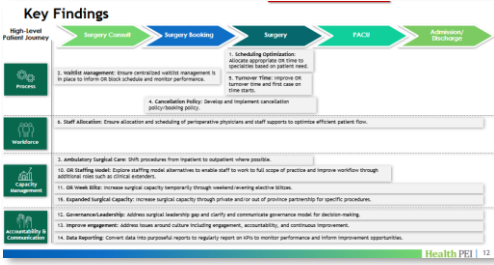
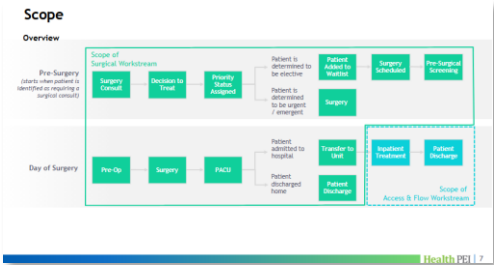
Current State Assessment

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
 - Coordinate Staff Scheduling
 - Explore Options to Expand Surgical Capacity
 - Waitlist Management



Deliverable Deep Dive

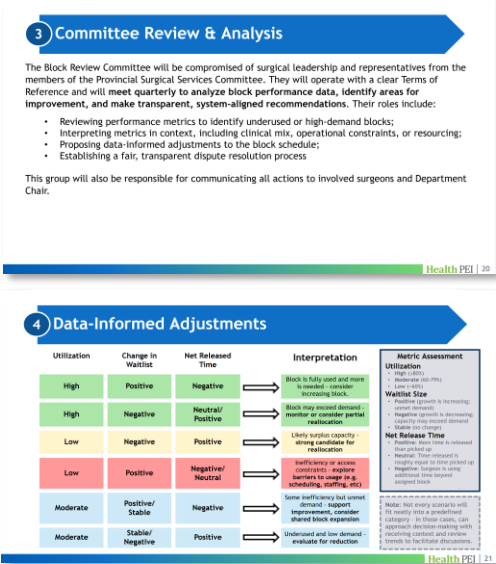
Solutions Design, Implementation Plan and Support: Block Schedule Review Process

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:

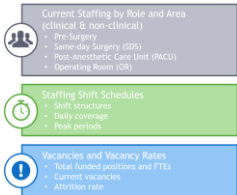
- Staffing levels in some areas exceed best practice benchmarks while there are vacancies in other areas.
- Workforce constraints in key areas impact service delivery.

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.

Current State | QEH & PCH Perioperative Staffing

- Purpose:**
- Capture a clear baseline of perioperative staffing at QEH and PCH
 - Highlight resource gaps
 - Set the foundation for staffing model redesign
- Scope:**
- Clinical staff in:
 - Pre-Surgery Clinic
 - Same-Day Surgery
 - Post-Anesthetic Care Unit
 - Operating Room
 - Excluded clerical staff



Current Clinical Staffing | QEH

	OR	PACU	SDS
Daytime	3 RN/room (+2 on the room) 1 LPN/room 1 Anesthesia/room 1 Surgeon/room 1 OR Assist/room*	1 RN/room	1 RN/room
	2 RN 1 LPN 2 MDR-T 4 Housekeepers	2 RN	2 RN 2 RN (Eye suite SDS) 4 RN (Pre-surgery clinic) 1 Housekeeper
	2 RN 1 LPN 1 Anesthesia 3 Housekeepers 1 MDR-T	1 RN	N/A N/A
Evening/Weekend/Call			

- Nursing Considerations:**
- OR:**
- 3 nursing roles & not all are interchangeable
 - 2nd nurse (scrub): LPN
 - 1st nurse: RN with 2-3 years experience
 - Staff are used to staff eye suite on Wed & Fri
- PACU:**
- Require critical care training
- SDS:**
- Limited cross-training between SDS and PACU
 - Staffing complement used to staff other areas including eye suite and pre-surgery clinic

*If required, therapist on call to service specific

Leading Practices | Peri-Operative Staffing Models

Overview: National and international guidance consistently supports efficient perioperative nursing models that emphasize right-sized staffing, flexible coverage, and alignment with case complexity. These practices informed our review of PEI's current approach and provided a benchmark for future planning.

- 1. ORNAC Guidelines**
 - Recommends 2 nurses per OR for standard cases: 1 scrub nurse and 1 circulating nurse
 - LPNs may substitute for one RN based on competency and case type
 - Assistance between roles is supported to allow for flexibility and redundancy
 - 2. ASPAN Guidelines**
 - Advocate for flexible staffing ratios tied to patient acuity and case complexity
 - Encourages staggered shifts and internal float pools to accommodate workflow variation
 - 3. Government of BC**
 - Published standard staffing ratio benchmarks by unit type, including OR, PACU and Same Day Surgery
 - 4. International Benchmarks**
 - Many ORs use a 2-nurse model for standard cases and draw on float pools/cross-trained staff to manage complexity or unexpected surges
 - 5. Special Considerations**
 - Higher staffing may be required for specialized or high-acuity procedures, but these are generally the exception
 - Effective models also rely on shared coverage across perioperative areas to increase flexibility
- Strategic Relevance for PEI:**
- These practices provide a strong rationale for exploring a shift toward a 2-nurse OR model supported by float coverage
 - Aligning staffing patterns with case volumes and time of day could help reduce inefficiencies
 - Opportunities exist to build a more flexible, cross-trained workforce capable of supporting multiple perioperative areas over time

Staffing Gap Analysis | Operating Room

Comparison of current OR staffing at QEH and PCH against evidence-informed benchmarks to support operational alignment and sustainability.

Key Findings Summary:

Metric	Current State	Recommendation
Staffing Ratio	3 nurses per OR + 3 float + 2 nurses if ortho working	Short-term: 3 nurses per OR + 1-2 float Long-term: 2.5 nurses per OR + 1-2 float
Schedule	7:30 am - 3:00/3:30 pm	Maintain
FTE	QEH: 8 LPN (7.2 FTE) 27 RN (24.4 FTE) Vacancies (funded): LPN: 365 (11.2 FTE) RN: 199 (30.3 FTE)	Recommended FTE: PCH: Maintain funded positions QEH: LPN: Maintain funded positions and fill vacancies RN: RN: Maintain current filled positions, do not fill vacancies**

**If all vacancies are filled, consider increasing number of funded rooms or cross-training OR FTE and a replacement factor of 1.2 to account for vacancies and absences

Assumptions for recommended FTE: All ORs running 10 F1 and a replacement factor of 1.2 to account for vacancies and absences

Deliverable Deep Dive

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.

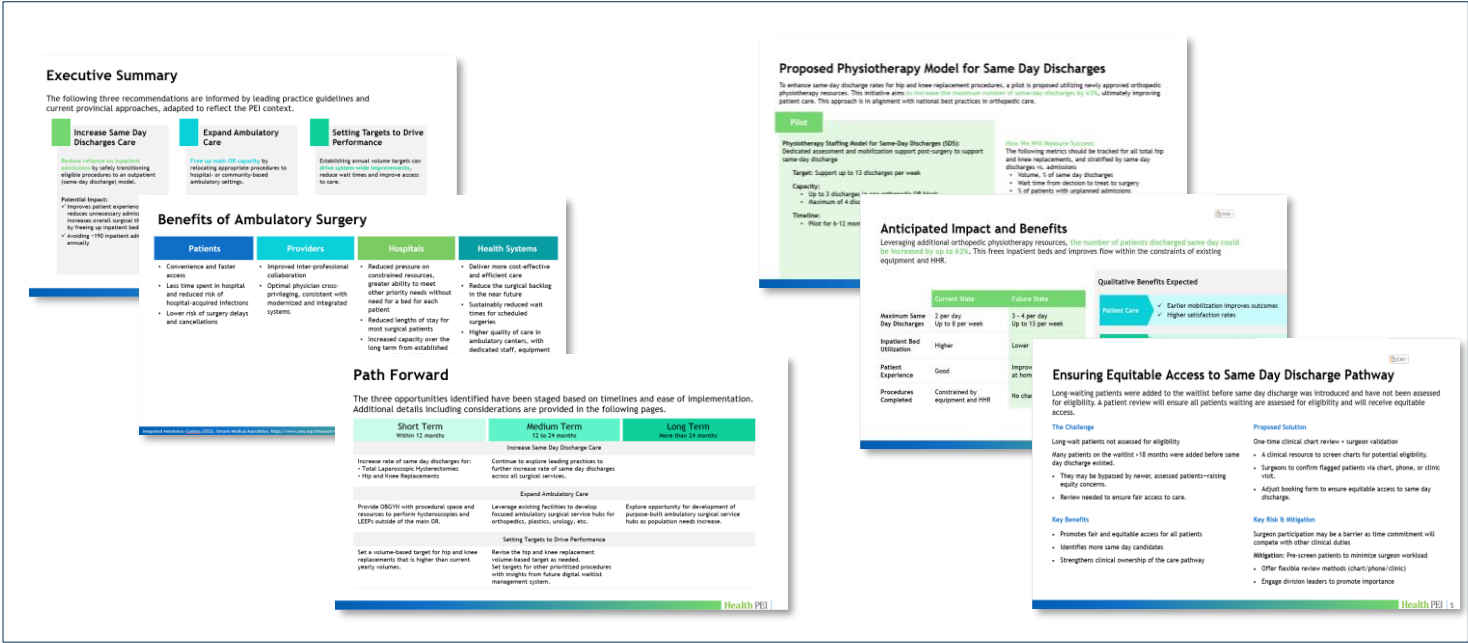
Key Outcomes / Findings / Recommendations

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.

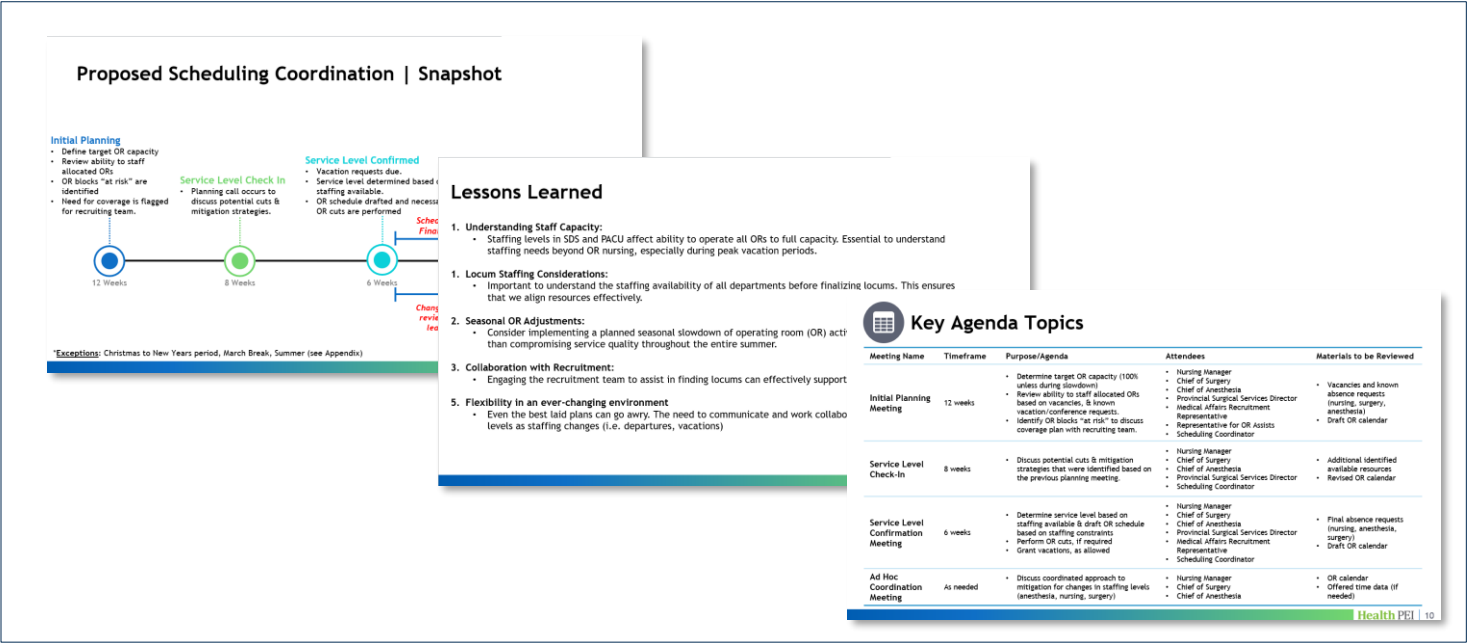
Key Outcomes / Findings / Recommendations

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.

Prioritized Opportunities and Recommendations

Challenges	Recommendations for Improvement	Rationale	Anticipated Impact	Future State
Standardize Procedures & Scheduling • Lack of standardized procedures and policies across the perioperative area contributes to inconsistent practices and inefficiencies. • No formal prioritization policy exists for elective surgeries. • Booking requirements are poorly enforced, leading to late bookings and scheduling issues. • Frequent cancellations and OR cuts disrupt service delivery. • Unclear policies around how and when OR cuts occur further complicate planning. • Inadequate case booking practices reduce operational efficiency and predictability. • These gaps underscore the need for standardized processes to improve patient care, reduce cancellations, and optimize OR utilization.	1. Enforce existing policy for timely booking of elective cases (1-10 days before surgical date). 2. Establish guidelines for: • OR case cancellations. • Reallocation of time (i.e., go-backs). 3. Historical booking time duration. 4. Create and implement data collection forms to track number of OR cuts & reasons, the number of confirmed elective blocks, and reallocation of OR time.	• Currently little enforcement of policies or absence of guidelines to help guide standardization. • Standard procedures and guidelines can provide accountability and structure to help challenge poor historical booking patterns and to provide transparency into operational decision-making.	• Increased transparency and fairness in OR scheduling. • Improved case flow and operational planning. • Savings efficient utilization resources.	• All elective surgeries are booked in advance, allowing ample planning for coordination of patient pre-surgical preparation.
Optimize Block Scheduling Resource Process • OR time is allocated by site, with some services having additional time at both QH and PCH, causing inconsistency. • Allocation is not based on objective data such as utilization, patient demand, or resource constraints. • Reviews of the block schedule are periodic but lack standardization and vary by service. • Changes to block allocation are driven by staff turnover or individual advocacy rather than consistent, data-informed processes.	1. Implement a Data-Informed Block Allocation Review Process: Use standardized performance metrics to guide equitable, transparent, and adaptive OR block allocations on a regular basis. 2. Treat OR time as a Prioritized Resource: Enable flexible use and reallocation of OR time across facilities based on system-wide needs, supporting timely access to care and optimal use of surgical capacity.	• Standardized, transparent, and adaptive block allocation ensures efficient use of resources and equity across facilities and specialties.	• Improved access and reduced wait times. • Optimized resource allocation across PEI.	

3.1 OR Staffing Model
Detailed Path Forward Plan

Engagement & Planning	Preparing for Change	Implementation	Monitoring & Evaluation
Weeks 1 - 2	Weeks 3-5	Weeks 6-10	Weeks 11+
Refine Objectives • Confirm target model (2.5 nurses per OR with 1-2 float total) • Engage OR nurse leaders, surgeons, and other clinical leaders	Define Roles and Responsibilities • Clarify all OR nurse roles for all staff • Update written protocols with clear expectations for all nurses in OR • Review ORMAC standards with clinical staff	Pilot in Select Rooms • Apply new model in 3-5 ORs for 4 weeks or during periods of staff shortage (e.g., peak vacation periods, flu season) • Track case throughput, staff workload, and OR cuts	Data Monitoring & Staff Feedback • Track changes to turnover rate, overtime hours, productivity, turnover, sick time, OR cuts • Collect qualitative feedback from OR team leads • Track patient safety indicators and surgical delays
Engage Stakeholders • Involve HR and unions early to validate feasibility and address concerns • Identify any LPI to RN adjustments • Confirm float pool feasibility • Confirm feasibility given seniority of workforce	Staff Education Sessions • Hold education sessions for all staff and nurses • Walk through scenarios of standard to complex cases • Share visuals for clarity	Expand to all ORs • After pilot success, apply model to remaining ORs • Actively staff scheduling to reflect new staffing ratio and requirements • Notify all staff of change overcharges	Continuous Improvement • Hold regular staff huddles to identify, fraction points • Refine RPE assignments and scheduling protocols and metrics • Track patient safety on case scheduling and staffing predictability
Set Baseline • Document current staffing ratios and case throughput • Identify how surplus nurses can be utilized (e.g., opening of additional OR rooms, cross-training, RNPA, etc.) • Identify vacancies, sick rates, and career progression planning	Finalize Float Strategy • Define float RN coverage requirements • Determine strategy for staffing surpluses • Utilize competency approach (e.g. SDS, PACU), provide guidance to charge nurses	Communicate Broadly • Update policies and distribute to all peroperative staff • Add signage to common areas to help communicate changes to staffing ratios • Engage leadership for support	Celebrate Success • Highlight time/cost savings in team meetings • Share OR success metrics with executive leadership • Recognize staff champions

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.

Background

Navigating the Diagnostic Imaging Landscape in Prince Edward Island

- The acute care system in PEI includes 7 hospitals across the island, reflecting the province's population of approximately 145,000 residents.
- MRI, CT, and ultrasound are primarily conducted at the two main hospitals (i.e., QEII / PCH).
- With 1 MRI scanner and 2 CT scanners across the province, managing the diagnostic imaging backlog can be challenging.
- The limited number of MRI staff in the province can lead to misallocation of diagnostic imaging services.

Hospital	Location	Type	MRI	CT	Ultrasound
Queen Elizabeth II (QEII)	Charlottetown	Acute care (Secondary & Tertiary)	1	1	4
Robert Hood (RH)	Summerside	Acute care (Secondary)	0	1	3
Acute Care Hospital (ACH)	Northport	Community	0	0	1
Southport Community Hospital (SCH)	Southport	Community	0	0	0
Claremont Community Hospital (CCH)	Claremont	Community	0	0	0
Alberton Community Hospital (ACH)	Alberton	Community	0	0	0
Charlottetown Hospital (CH)	Charlottetown	Psychiatric	0	0	0



2 | Ministry of Health
Israel

Capacity Expansion

- Investments in imaging equipment
 - Based on public principles: Every hospital with an ED and CT device should have at least 1 MRI scanner
 - 100% increase in the number of MRI scanners over four years, rising from 2 scanners in 2015 to 42 scanners in 2019
 - Financial incentives provided to hospitals without MRI to purchase MRI scanner
- Extended Operating Hours
 - Regular scans: MRI scanners operate 24 hours/day for 6 days
 - Urgent scans: MRI scanners operate 24 hours/day for 7 days

Efficiency Improvements

- Increased MRI workforce postings
 - Additional radiographer positions allocated
 - Funded radiologists postings opened to expand MRI interpretation capacity
- Financial Incentive Model
 - Aimed at increasing the number of publicly funded MRI exams and reducing wait times for MRI exams
 - Substantial economic incentives for increased exam volumes
 - Incentive dependent on accurate digital documentation of MRI activity
- Establishment of a computerized system for reporting MRI utilization
 - Reporting done on a monthly basis across all licensed MRI facilities
 - Retrospective measurement of data, to enable accurate wait time calculation
 - National MRI database provides comprehensive data across all national healthcare facilities

Workforce Optimization

- MRI Training Program
 - Established of National Center for Imaging Professionals (NCIP)
 - 12 week training course for MRI, combining theoretical studies and practical training
 - 10 radiographers trained at NCIP between 2016-2019
- Radiologist Training Program
 - First formal radiology fellowship program introduced in 2016
 - 21 MRI units recognized for fellowship in special fields of MRI
 - 36 radiologists completed their fellowship between 2015-2019
 - Female participation in program rose from 40% to 53% between 2016-2019

Efficiency Improvements

Efficiency Improvements

Efficiency Improvements seek to streamline the diagnostic imaging process through various operational interventions. These interventions focus on optimizing workflows, managing patient referrals effectively, and utilizing resources more strategically. By focusing overall efficiency, these measures aim to reduce delays in service delivery, improve patient satisfaction, and ensure that diagnostic imaging services are provided in a timely manner.

Examples include:

- Managing referral volumes effectively
- Enhancing scheduling systems
- Redistributing patients to other in-network hospitals
- Outsourcing certain imaging services
- Implementing digitalization and automation technologies

The Literature

- Implementing rapid imaging protocols can significantly reduce image acquisition times, reduce radiologist wait times, enabling more patients to be scanned within existing resources.¹
- Workflow architecture tools integrated with AI have improved reading efficiency by prioritizing studies and streamlining radiologist tasks, helping manage increasing workload.²
- Clinical decision support systems (CDSS) for imaging referrals have improved diagnostic accuracy and reduced unnecessary scans, optimizing resource allocation.³
- AI applications in diagnostic imaging workflows have enhanced imaging, rapid critical finding for practitioners, and reduced reporting delays, improving patient outcomes.^{4,5}
- Digitalization of imaging systems (e.g., PACS, RIS) has been shown to drive time for radiologists and expand overall workflow efficiency.⁶

Impact & Effort Summary

Mapping of the common DI Initiatives explored in this 2-scan based on perceived level of impact and effort.

Type of Intervention	Intervention	Impact on Scan Wait times	Effort
Capacity Expansion	Expand facilities / number of imaging centres	High	High
	Optimize operations by extending hours	High	Medium
	Form partnerships with private clinics	High	High
	Acquire equipment (i.e., MRI-CT machines)	High	High
	Use mobile units to reach rural / remote areas	Low	High
Efficiency Improvements	Offer financial incentives to boost volumes	Medium	Medium
	Streamline licensing for new centres	High	High
	Provide guidelines to ensure appropriate referral practices	Medium	Medium
	Outsource scan results reporting	Medium	Low
	Enhance scheduling of appointments	Medium	Medium
HHR Optimization	Standardize, digitize, and automate processes	Medium	Medium
	Collaborate across network to use underutilized capacity	Medium	High
	Separate services to create dedicated elective imaging centres	High	High
	Provide recruitment & retention incentives	Medium	Medium
	Offer flexible work arrangements	Medium	Medium
Invest in leadership of clinicians	Low	Medium	
Expand training capacity	Medium	Medium	
Leverage workforce planning tools	Medium	High	

Health PEI

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Deliverable Deep Dive

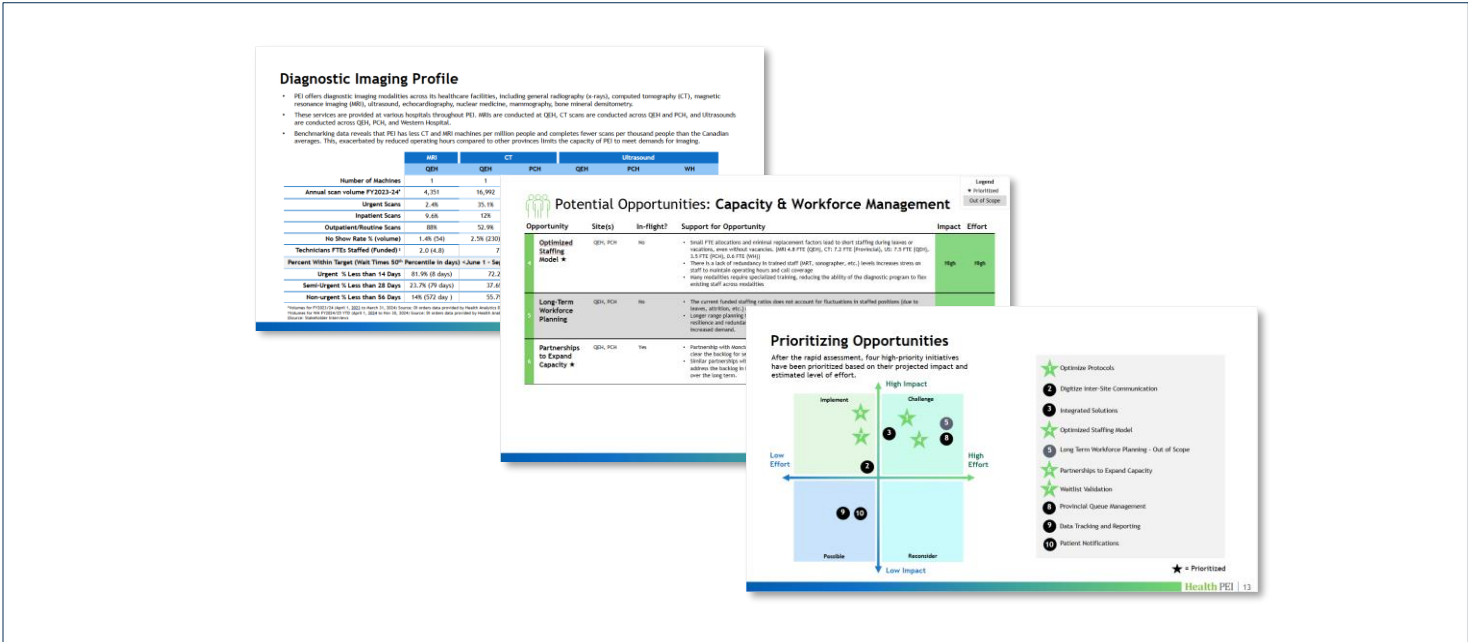
Current State Assessment

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.

Meeting Desired System Capacity: Proposed FTE

Based on the desired system capacity for the next year, the following changes to the staffing levels are proposed. Additional details on results are provided in the appendices.

	CT Techs	MR Techs*	US Techs
Current Funded FTE	11.6	4.0	11.6
Proposed FTE	13.9	4.8	13.0
Change	2.3	0.8	1.4
Flexible Hire Level	13.6	7.0	13.6

The increase in staffing to meet desired system capacity can be achieved without acquiring additional machines, using the first two levels:

Increase Machine Utilization

Expand Operating Hours

Key Assumptions:

- Capacity built for 10-20% modality specific
- Demand growth: 25 population growth
- Same per cent population growth as throughput data and validated against tech experience
- Double time for peak shift based on historical trend
- Staff levels: CT techs 13.6 FTE, MR techs 7.0 FTE, US techs 13.6 FTE
- Location, statutory holidays and sick time according to 40 working hours / year
- Time to hire: in-call cover based on throughput data and validated against tech experience
- MR casual coverage for CT

Notes on MR:

- The staffing model is based on projected demand in the next year
- FTE used to align with the MR CAD average - 2.0 units
- 2.0 FTE would be required to meet MR demand in 2025. This is double aligned with the staffing model request
- CT techs - 13.6 FTE would be required to meet MR demand in 2025. This is double aligned with the staffing model request
- For more details on the staffing model request please refer to the 2025 Staffing Model Request

Dual Modality Technologists

Dual modality techs allows the system to flex techs towards modalities with a greater need in response to capacity changes such as long-term leaves and vacancies.

CT x Gen Rad	MR x Other	US
MR would benefit from dual modality techs due to the small number of techs.	Cross training between MR and CT, Gen Rad or Nuclear Medicine is recommended.	Cross training in US would benefit resiliency of the specialists (e.g. Echo).

Factors for Success

1. Coordinated staff scheduling is essential for dual modality technologists, requiring planning across different modalities.
2. It is important to consider modality-specific hours to ensure technologists retain competency in both areas.
3. Offering incentives may be necessary for technologists who undergo significant additional training in dual modalities.

The Benefits of Program Extenders

The benefits of program extenders varies depending on the level of training required for the role.

For example, a patient care assistant with on-the-job training may be:

- Limited in their scope of practice compared to a tech or clinically trained role
- Easier to hire compared to highly-trained roles
- Are responsible for clerical and non-tech workflows, enabling techs to work at the top of their scope of practice
- Reduce the overall labour cost of the program while maintaining higher volumes

The flexible hiring request includes two registered float technologists and is anticipated to exceed desired system capacity. As a result, hiring additional program extenders is not recommended in the short-term. These registered float technologist roles can serve as a pilot for program extenders. Program extenders present a long-term opportunity. Additional non-tech program extender roles may be added to the staff complement as demand increases or in transitioning existing roles through natural attrition.

Reaching Benchmark Wait Times: MR

MR is on track to reach and maintain benchmark wait times in less than 12 months.

Total Current Waitlist Size: 2,446

Target Waitlist Size: ~850

As of May 17th, all patient types

Projected to Reach Benchmark: March 2026

Funded Capacity (7.0 FTE): ~830 hours / month

Projected Demand: ~470 hours / month as of June 2025

Staffing Pipeline Assumptions:

- 1. CT Techs: 13.6 FTE
- 2. MR Techs: 7.0 FTE
- 3. US Techs: 13.6 FTE
- 4. For cases to be an average within benchmarks
- 5. Includes 10% decrease in CT wait times

Other Assumptions:

- 1. Existing waiting times are maintained over time period
- 2. Vacancies, sick time, admin, breaks etc. are included (projected over the 2025)
- 3. Modality demand is projected based on 2025 demand

MR Machine Capacity vs. Benchmarked Demand

Historical Demand: 5,545 / year

- Based on CAPRI's Canadian Medical Imaging Inventory 2022 - 2023
- Demand in Line with Canadian Avg: 10,081 / year
- Based on CAPRI's Canadian Medical Imaging Inventory 2022 - 2023
- CAD avg rates per 1,000 population: 75.1

MR Units in Line with CAD Avg: 2.0

- Based on CAPRI's Canadian Medical Imaging Inventory 2022 - 2023
- CAD avg units per 1,000,000 population: 10.8

Additional Considerations:

- There is risk associated with reliance on a single MR machine in case of technology service issues.
- Operating at full capacity beyond 16 hours/day with likely experience challenges in filling equipment needs.
- Practice expansion for extended scans may be more challenging with extended operating hours.
- Geographical accessibility is limited by a single MR unit.

MR Machine Capacity at Various Operating Hours vs. Demand

Single MR Machine Capacity at Various Operating Hours vs. Demand

Operating Hours	Capacity	Historical Demand	Canadian Avg
12 hours per day x 5 days per week	6,240	5,545	10,081
16 hours per day x 7 days per week	11,680	5,545	10,081
24 hours per day x 7 days per week	16,784	5,545	10,081

Assumptions:

- Operating at full capacity during off-peak hours (e.g. 2 scans/hour). This includes projected impact of 2025 demand increase.

MR Staff Schedule at Various Operating Hours

MR Staff Schedule at Various Operating Hours

Operating Hours	Staffing	Historical Demand	Canadian Avg
12 hours per day x 5 days per week	13.6	11.6	11.6
16 hours per day x 7 days per week	13.6	11.6	11.6
24 hours per day x 7 days per week	13.6	11.6	11.6

Assumptions:

- Operating at full capacity during off-peak hours (e.g. 2 scans/hour). This includes projected impact of 2025 demand increase.

Deliverable Deep Dive

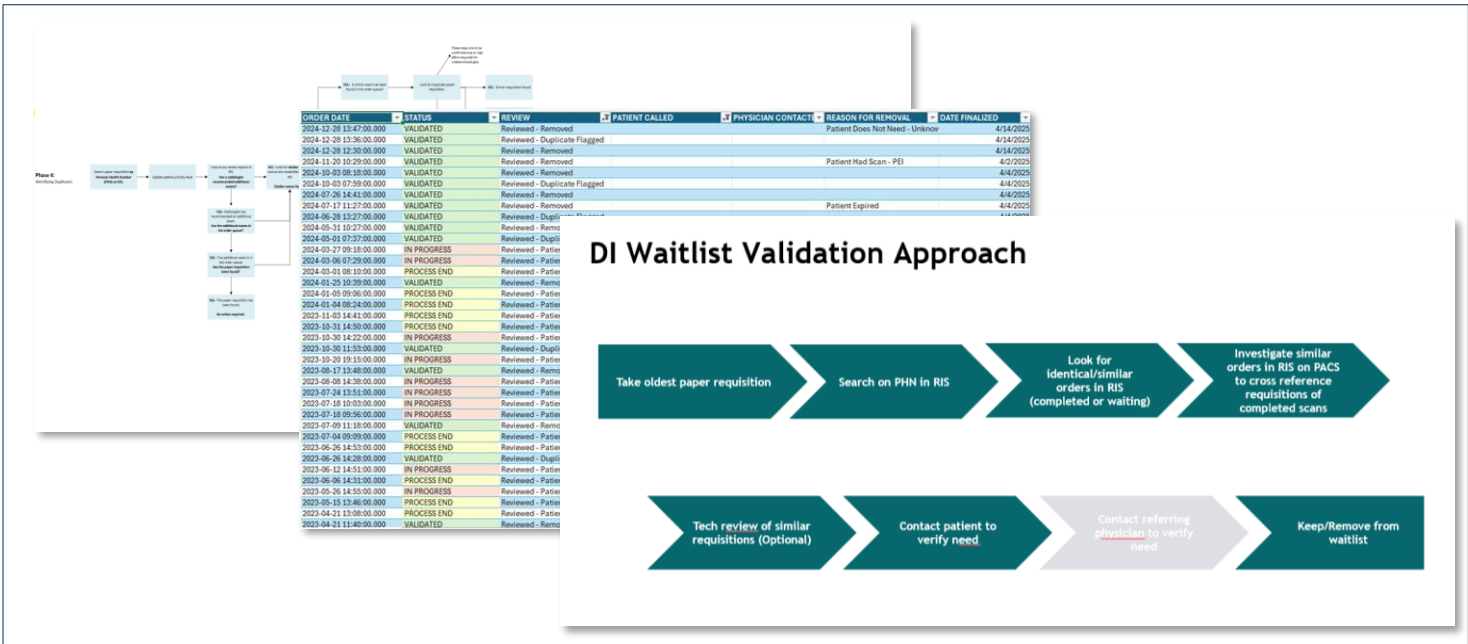
Solutions Design, Implementation Plan and Support: Waitlist Validation

Purpose: A waitlist validation process ensures that all those waiting for a diagnostic imaging 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.

Introduction to Deep Resolve

The Siemens magnet is being upgraded with a software package called Deep Resolve to improve acquisition speed and image sharpness

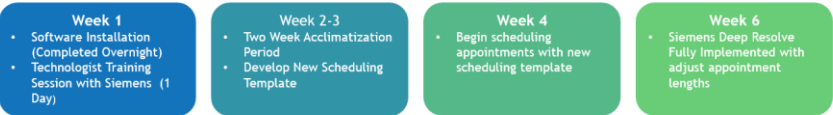
-  **Better Diagnostics**
Enhanced image quality and optimized resolution that reduces noise for clearer, more precise diagnostics
-  **Reduced Wait Times**
Faster scans reduce patient wait times and improves scheduling efficiency.
-  **Fewer Artifacts**
Faster image acquisition paired with improved denoising capabilities reduces artifacts in acquired images
-  **Less Discomfort**
Faster exams lead to shorter scan duration and less discomfort for patients.

Deep Resolve Boost

- Uses deep learning to improve signal to noise ratios and increase image

Implementation Plan

The installation and integration of Deep Resolve will follow a phased approach. A two-week acclimatization period will allow technologists to familiarize themselves to the system and work with the radiologists to establish a new set of standard settings for the affected protocols.



MONITOR
Monitor the implementation process and collect feedback from technologists and radiologists to ensure a smooth transition and appropriate changes to the scheduling template.

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.

Prioritized Opportunity and Solutions Designed

Challenges	Recommendations for Improvement	Rationale	Anticipated Impact	Future State
1. Staffing Model Proposal - Staffing is the bottleneck in increasing system capacity in PET, MR, CT and US. Technology positions are understaffed for PET to meet system demand. - As a small health, PEI will struggle with economies of scale. Addressing this requires a 1:0 FTE can represent as much as 25% of the system's capacity. As such, PEI must build resiliency into its staffing model.	1. Fund and recruit to fill proposed FTEs required to meet desired system capacity. 2. Increase complement of dual modality Technologists in CT + Con Rad, MR + PET, and/or others, and US + Sonography. 3. Explore use of non-tech Program Extension roles. 4. Implement optimized tech shift schedules with addition of FTE in MR, CT and US. 5. Develop an understanding of: - HPEI demand vs. Canadian benchmarks - Machine capacity needs - Projected waitlist size - Wait times and time to reach wait time benchmarks - Temporary capacity needs to reach benchmarks	Meeting Desired System Capacity - Tech FTE into directly to system capacity. Funding and recruiting these roles is critical to improving and sustaining wait times. Developing Resiliency - Dual modality Technologists build resiliency by allowing the system to flex technicians towards the modality of greatest need. - Non-Clinical Program Extension Roles provide support to replacement of a 2nd or 3rd technologist at a CT or MR machine. With minimal training requirements, this expert to hire role increases scans per technologist and provides resiliency when down a tech.	- Decreased waitlist size and wait times - Increased throughput per technologist Metrics: - Waitlist size - Prospective and retrospective wait times - Projected time to reach benchmark wait times % of funded FTE positions filled	- HPEI's diagnostic imaging is funded to meet system demand with capacity buffer to manage variation in both supply (summer, winter). - Diagnostic imaging has resiliency through the use of Dual Modality Tech and Non-Tech Program Extension, allowing the
2. Waitlist Validation - Some patients have been waiting for diagnostic imaging tests for years. The longer patients wait increases the likelihood that they no longer require a scan as referrals are sent multiple times, have received an intervention or the time has expired, received the scan elsewhere, moved from PEI, have passed, etc. - A waitlist validation process could be undertaken to ensure that all those waiting for a scan, continue to require a scan. - As time progresses, this process can be repeated to maintain the integrity of the waitlist.	1. Develop a waitlist validation process to be triggered on a regular basis to ensure the integrity of the waitlist. 2. Develop and implement scheduling best practices to minimize unnecessary scans due to scheduling errors, duplicate referrals, etc.	- The waitlist validation process ensures that all patients on the waitlist still require their scan. - By removing patients from the waitlist, we ensure that unnecessary scans do not occur, which would otherwise use the highly limited and valuable patient appointments.	- A decrease in the waitlist size and wait times as a result. Metrics: - Count and % of scans removed from waitlist through validation efforts - Waitlist size - Secondary, prospective and retrospective wait times	

3. Optimize Scanning Protocol
Detailed Path Forward Plan

Engagement and Planning	Preparing for Change	Implementation	Monitoring & Evaluation
Complete - Provided project management support through the necessary referrals to implement Siemens Deep Resolve including FTS approval, Procurement, etc. - Developed change management materials to support technologist in the implementation of Siemens Deep Resolve	Ongoing - Monitor Siemens scheduling installation date - Work with IT manager to support technologists change management relying on developed materials to outline the benefits and impact on technologists	June 2025 - Determine time savings per scan type during acclimatization period - Develop and implement a new patient scheduling template	Ongoing - Monitor impact and technologist reception of patient scheduling changes - As new Siemens Deep Resolve phases are released, update the patient scheduling templates accordingly after an acclimatization period

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.

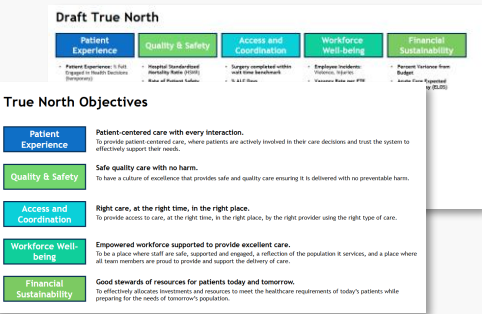
Key Accomplishments

- ✓ 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

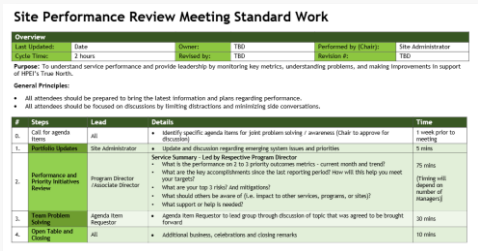
True North

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.



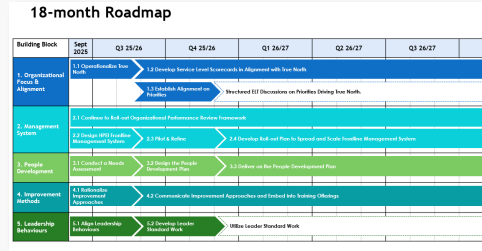
Organizational Performance Review Framework

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.

Category	Metric	Description	Public Explanation	Rationale for Selection
Patient Experience	Patient Experience (Fall Exposed in Health Decision (Temporary))	% of acute care clients who agree that they were involved in their health care decisions as much as they wanted (Temporary)	An indication of how well our patients perceive their experience and satisfaction with Health PEI	Provide a broad sense of how satisfied the population is with care and experience with Health PEI.
	Acute Care ED Time to Physician Initial Assessment (PIA)	Emergency Department Assessment (TPIA) Acute Score 1 to 2		
Quality & Safety	Hospital Standardized Mortality Ratio (HSMR)	The ratio of the actual number of deaths in hospital to expected based on hospital type.		
	Rate of Patient Safety Events: Falls, Medication and Fluid Incidents	Rate of falls per 1,000 beds of medication errors per 1,000 patient days		
Access and Coordination	% Admissions for Ambulatory Care Sensitive Conditions	Ages standardized rate of admissions where a preventable or reduce 100,000 population		
	Acute Care ED Time Waiting for Hospital Bed	The time interval between patient admission to an inpatient bed		
	Surgery Completed Within Wait Time Benchmark	Percent of patients completing surgery within wait time benchmark		

True North Objectives

Patient Experience

Quality & Safety

Access and Coordination

Workforce Well-being

Financial Sustainability

Draft True North

Patient Experience

Quality & Safety

Access and Coordination

Workforce Well-being

Financial Sustainability

Patient Experience: % Felt Engaged in Health Decisions (Temporary)

Quality & Safety: Hospital Standardized Mortality Ratio (HSMR)

Access and Coordination: Surgery completed within wait time benchmark

Workforce Well-being: Employee Incidents: Violence, Injuries

Financial Sustainability: Percent Variance from Budget

Acute Care ED Time to Physician Initial Assessment (PIA)

Rate of Patient Safety Events: Falls, Medication and Fluid Incidents

% of Population Affiliated to a Primary Care Provider

Vacancy Rate per FTE

Acute Care Expected Length of Stay (ELOS) Variance

Equitable Access to Care: Metric TBD

Visits to the Emergency Department for Conditions That Could Be Managed in Primary Care

Wait time to community care: LTC / home care

Mental Health Access Related: Metric TBD

Diversity Equity, & Inclusion: Metric TBD

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.

SERVICE / PROGRAM NAME Update
– Month, Year

Outcome Metric 1	Outcome Metric 2	Outcome Metric 3
Actual	Target	Actual

Key Accomplishments since last report

Risks

Milestones & Status:

Milestone (FY 24/25)

Organization Performance Review Framework

Due to the variability of performance review and accountability across the organization, HPEI is looking to stand up an Organizational Performance Review Framework front-line teams.

WHAT are Performance Review Meetings

Regular, structured meetings to review performance on level-relevant metrics, understand performance issues and problem solve.

These meetings occur between each level of the organization, cascading priorities between ELT and the front-line.



Site Performance Review Meeting Standard Work

Overview			
Last Updated:	Date	Owner:	Performed by (Chair):
Cycle Time:	2 hours	Revised by:	Revision #:
		TBD	TBD

Purpose: To understand service performance and provide leadership by monitoring key metrics, understanding problems, and making improvements in support of HPEI's True North.

General Principles:

- All attendees should be prepared to bring the latest information and plans regarding performance.
- All attendees should be focused on discussions by limiting distractions and minimizing side conversations.

#	Steps	Lead	Details	Time
0.	Call for agenda items	All	Identify specific agenda items for joint problem solving / awareness (Chair to approve for discussion)	1 week prior to meeting
1.	Portfolio Updates	Site Administrator	Update and discussion regarding emerging system issues and priorities	5 mins
2.	Performance and Priority Initiatives Review	Program Director / Associate Director	Service Summary - Led by Respective Program Director • What is the performance on 2 to 3 priority outcomes metrics - current month and trend? • What are the key accomplishments since the last reporting period? How will this help you meet your targets? • What are your top 3 risks? And mitigations? • What should others be aware of (i.e. impact to other services, programs, or sites)? • What support or help is needed?	75 mins (Timing will depend on number of Managers)
3.	Team Problem Solving	Agenda Item Requestor	Agenda Item Requestor to lead group through discussion of topic that was agreed to be brought forward	30 mins
4.	Open Table and Closing	All	Additional business, celebrations and closing remarks	10 mins

Deliverable Deep Dive

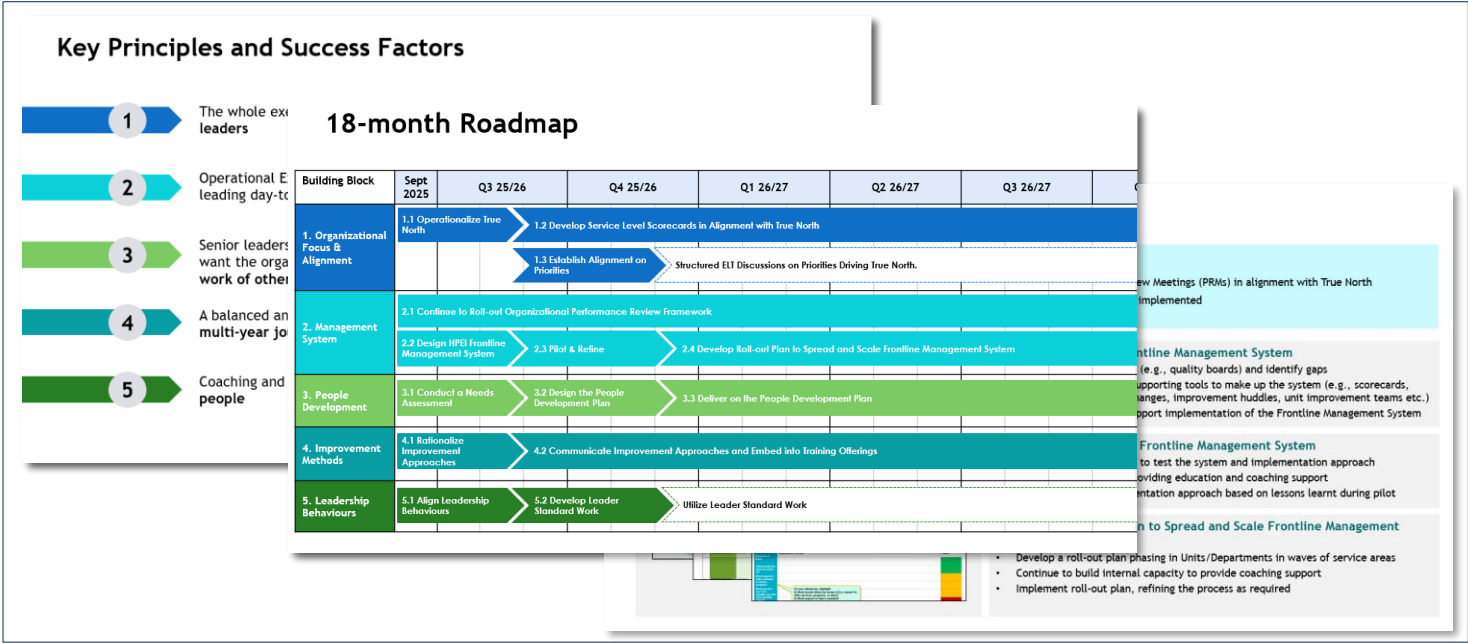
Operational Excellence Roadmap

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 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

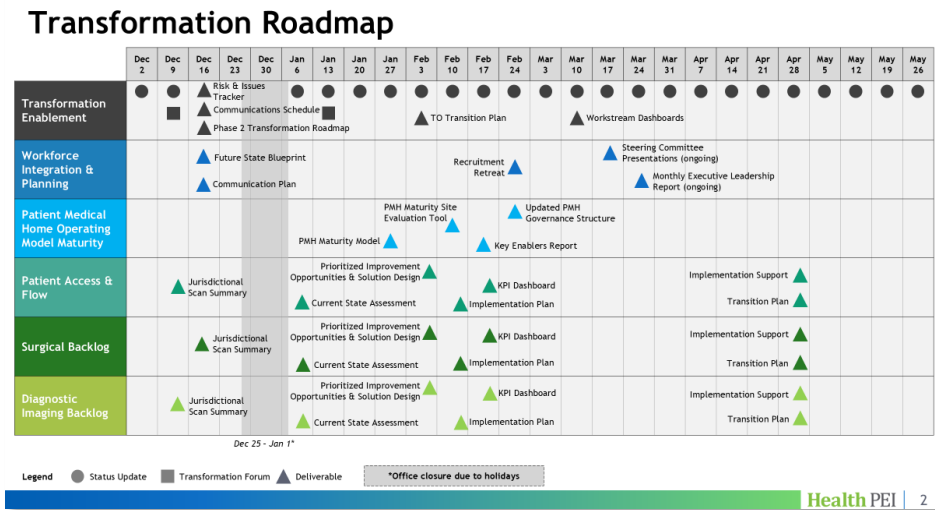
Transformation Roadmap

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

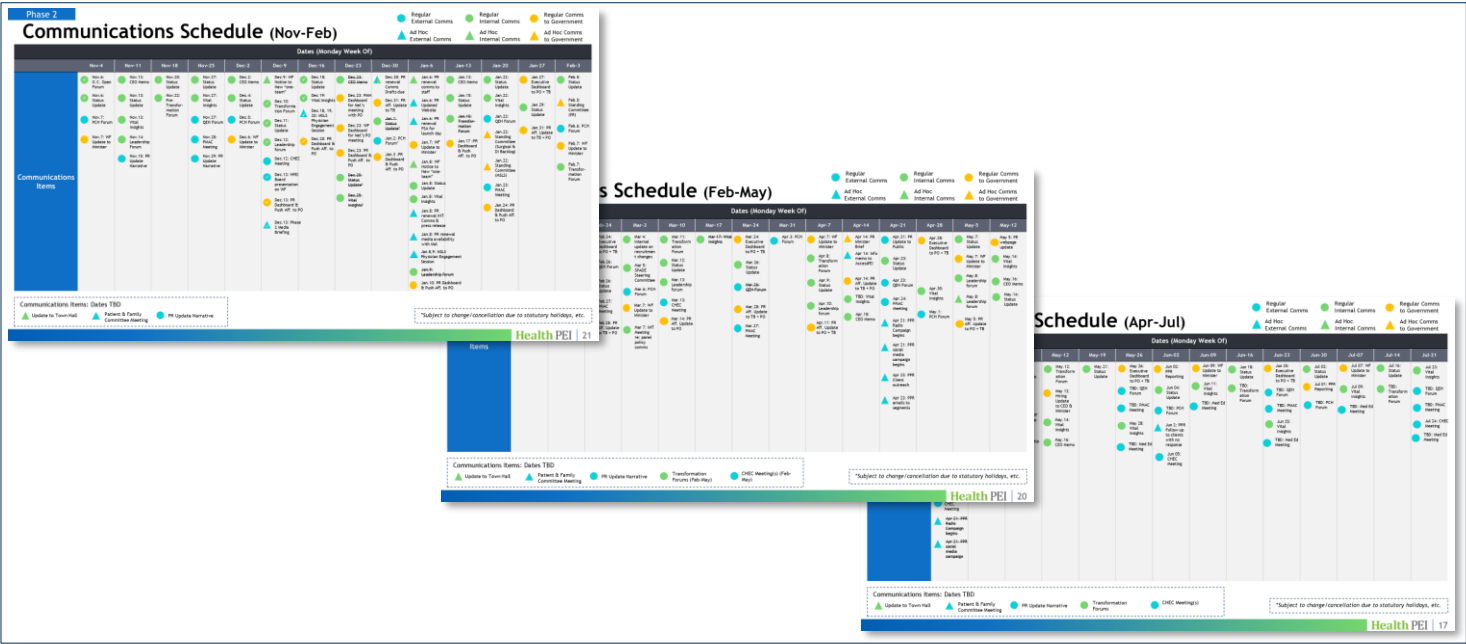
Communications Schedule

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.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	Item	Overview	Date Entered	Submitter	Type	Situation	Metrics	Outcome	Discussion Today	Responsible	Owner	Archive	Briefing Notes	Next Steps
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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.

TO Transition Overview

Purpose
The Transformation Office (TO) Transition Deck 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.

While this deck provides a comprehensive overview of the different functions that cadences and processes are subject to change as this work continues to e

Objectives
The objectives of this deck are to:

- ✓ Act as an onboarding guide for any function or process related to the TO
- ✓ Ensure alignment and operational consistency across the TO team and Work
- ✓ Equip team members with the resources and tools to lead the TO

Overview of Regular TO Activities

Sample Month

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	Internal review of PPR Att. Update	WF Update to Minister TO Team Meeting Risk Prioritization Touchpoint Vital Insights	Transformation Forum (every 6 weeks)	CEO Memo TO Team Meeting PCH Leadership Meeting	Comms Meeting	
	PPR update to PD + TB	TO Team Meeting Risk Prioritization Touchpoint	Status Update Report	TO Team Meet		
	Primary Care Pulse Checks (every 8 weeks)	Risk Prioritization Touchpoint		CHEC Meeting (quarterly)		
	PPR data posted publicly	TO Team Meeting	Status Update Report	TO Team Meet		
	Acute Care Pulse Checks (every 8 weeks)	Risk Prioritization Touchpoint	QEH Leadership Meeting	TO Team Meet		

TO led activity WS led activity External team hosted; Material development shared responsibility between TO and WS

Breakdown of Regular TO Activities (1/2)

Item	Cadence	Channel Type	Purpose	Materials Due	Estimated time to complete
Status Update	Bi-weekly	Report	Provide progress updates on workstream activities, identify any issues or blockers, and flag the team on next steps	Tuesday (Report sent out on Wednesday)	1 hour (Bi-weekly edits, correspondence with workstreams, final review and formatting)
Pulse Checks	Every 8 weeks	Meeting (30 mins)	To provide a space for structured collaboration and problem solving	One week before meeting	2 hours (Reviewing milestones and data updates)
CEO Memo	Ad hoc	E-mail and updated to Transformation SBC Page	To provide transformation updates, including key events, calls to action, and relevant information	One week before publish date	1 hour (Drafting, correspondence with workstreams, final review and formatting)
Vital Insights	Bi-weekly	TO update in newsletter	To provide transformation updates, including key events, calls to action, and relevant information	One week before publish date	1 hour (Drafting, correspondence with workstreams, final review and formatting)
Transformation Forum	Monthly	Meeting (30 mins)	To provide a high-level, cross-workstream update to everyone involved in the HPE Transformation Office	One week before meeting	1 hour (Building the deck, correspondence with workstreams, final review and formatting)
Communications Meeting	Weekly	Meeting (30 mins)	To discuss the progress on comms for the current and upcoming weeks	Thursday (Meeting takes place on Friday)	1 hour (Pre and post meeting edits)
TO Team Meetings	2x/week	Meeting (30 mins)	To provide updates and harmonize activities across workstreams	N/A (roundtable discussions)	N/A (roundtable discussions)
Risk Prioritization Touchpoint	Weekly	Meeting (30 mins)	To review risks highlighted in the bi-weekly status update and prioritize solutions	N/A (roundtable discussions)	N/A (roundtable discussions)

Deliverable Deep Dive

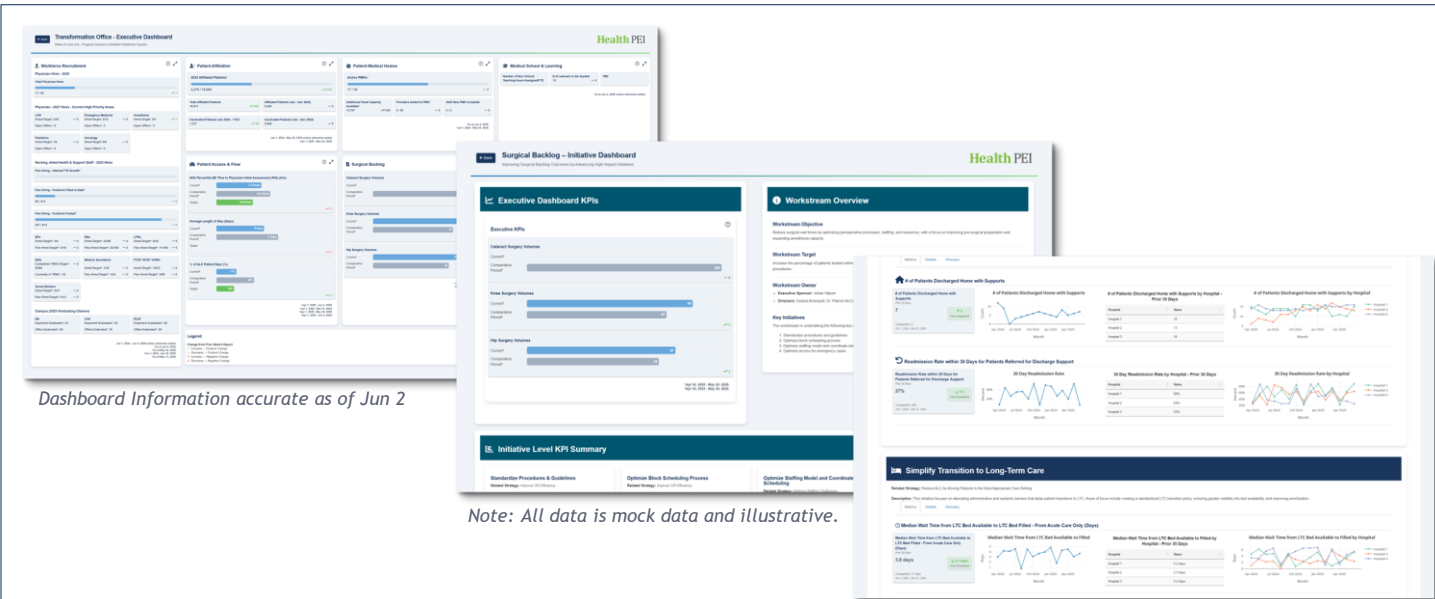
TO Executive and Workstream Initiative Dashboards

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 Executive 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.



Note: All data is mock data and illustrative.