



Building and Accelerating Implementation at Health PEI

Transformation Forum

January 22, 2026

Health PEI

How We Will Use Our Time

Agenda

01	Key Accomplishments	40 min
02	Q&A	20 min

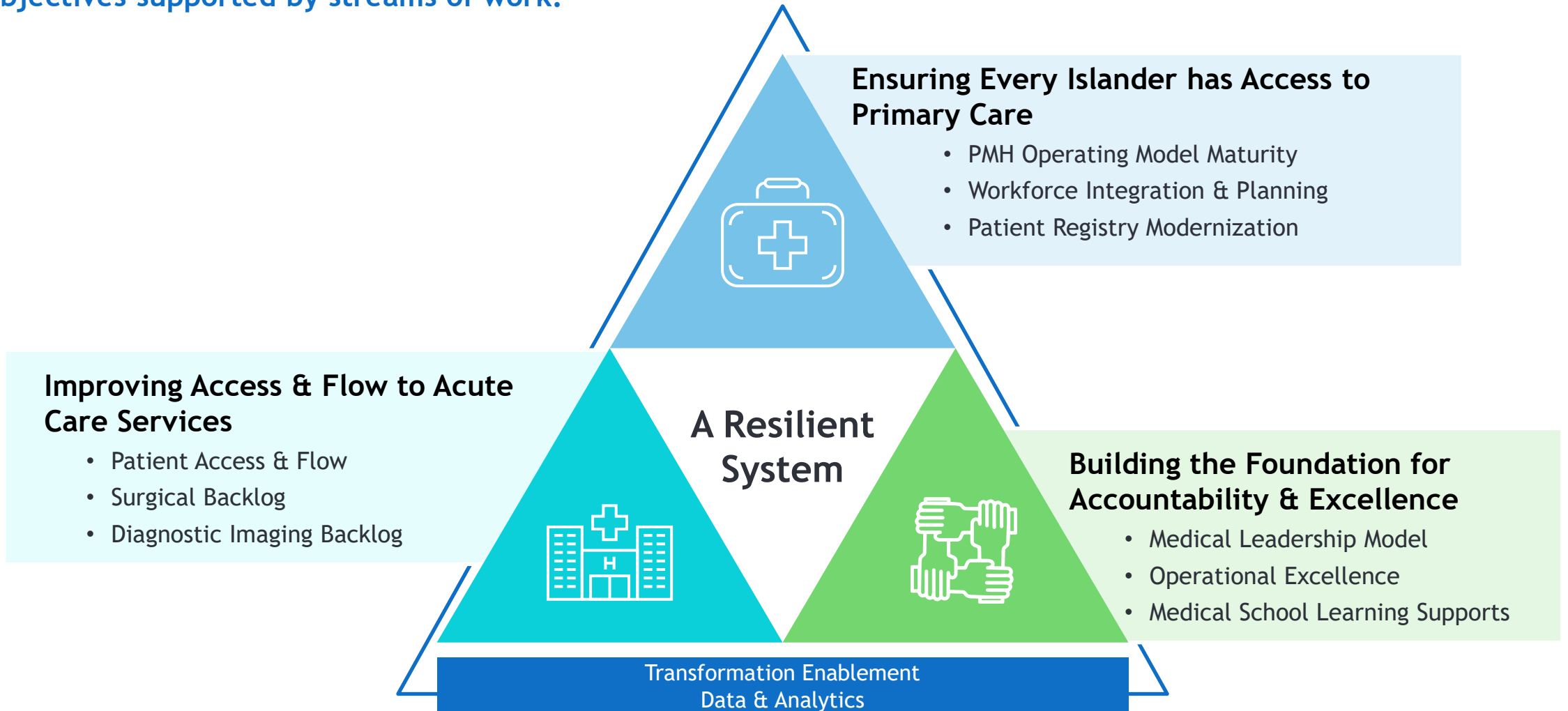


Session Objectives

- ✓ Provide updates on progress to date and establish a path forward

Our Transformation Framework

Our transformation aims to build a resilient health system through a dedicated focus on three key objectives supported by streams of work.





01

Key Accomplishments



Celebrating Successes

Kudos to the teams who worked on these projects!



Hired 41 new physicians as of December 31st, 2025



MRI 90th percentile wait times from Oct-Dec 2025 are down 64% from Oct-Dec 2024



Daily Unit-Based Discharge Round Huddles launched to Community Hospital O'Leary on Jan 20, 2026

What we've accomplished lately

	Patient Registry	Patient Medical Homes (PMHs)	Workforce Recruitment	Medical School Learning Support
Target	Affiliate 50,000 Patients from the Provincial Patient Registry by 2027	By 2027, reduce the number of unaffiliated patients by 50,000 (current + expected growth) through new and existing PMHs	Recruit 48 primary care providers (FTE) and corresponding support roles by year end 2026. Recruit remaining physician vacancies leveraging new recruitment apparatus.	In 2027 ensure a learning health system for optimal health learning and training opportunities on the Island for our Medical learners.
Key Accomplishments	<ul style="list-style-type: none"> ✓ 2024 Affiliation: 5,450 patients ✓ 2025 Affiliation: 8,943 patients ✓ 21 Active Paneling Physicians (16 new) ✓ 14 affiliation schedules established: 483 patients for January / 5,300 total ✓ Data Integrity / Source of Truth for Registered, Unaffiliated Islanders Program Implementation ✓ All registered unaffiliated households who applied prior to 2023 have been contacted: 42% current response rate ✓ Health Analytics supporting with monthly data analysis 	<ul style="list-style-type: none"> ✓ Active PMHs: 18 ✓ Evolving workstream to focus on the implementation of the PMH 2.0 model, starting with at the PMH at UPEI. ✓ PMH at UPEI: PMH Director hired, and a 2nd LFM Specialist signed and scheduled to start Fall 2026. ✓ Completed 15 Maturity Assessments with key indicators and themes rolled up. Ready for operational handover with a 1 year follow up. ✓ Revamped PMH Playbook to reflect lessons learned from initial projects and enable more stakeholder engagement. 	<ul style="list-style-type: none"> ✓ 2025: Hired 41 new physicians, Days to Hire: 49.5 days ✓ 2026: Hired 2 new physicians YTD, Days to Hire: 22 days ✓ 16.0 FTE primary care providers hired since Jul 2024 (9.0 LFM, 7.0 NP) ✓ NP Recruitment Package issued to 18 NP graduates: 18 EOIs received, 9 in discussions, 9 Interviews held for primary care positions, with one pending scheduling this week. ✓ Meeting held with PSC to further collaboration on data and recruitment hurdles ✓ Develop 2026 recruitment targets and priorities 	<ul style="list-style-type: none"> ✓ Now that Clerkship decision has been made, MUN/UPEI regional Campus colleagues have set a meeting to begin the final mapping exercise ✓ Daniel has sent the information needed for the Y3&4 preceptor remuneration TB memo to the Dept. Of Health and Wellness ✓ TO has transitioned most of the operations to Daniel McLeod, Manager Medical Education
Upcoming Activities	<ul style="list-style-type: none"> • New target affiliation for 2026 to be defined and approved by leadership • Complete patient outreach to remaining registry households in March 2026 • Finalize transition of Patient Registry project to Primary Care • ITSS Development Team to complete feature in PPR CRM to collapse duplicated contacts with a merge solution 	<ul style="list-style-type: none"> • PMH 2.0 Implementation focusing on new initiatives that streamline operation and enhance patient experience, exploring and piloting new roles that focus on transitions and connecting people to care, and developing clear pathways that connect patients to other community care services to eliminate duplications. • Upcoming PMH projects in the East Prince, Central Queens, and Queens regions. 	<ul style="list-style-type: none"> • Set up Primary Care Recruitment Roundtable • Scope the use of VR Headsets for LFM Recruitment • PSC Group Meeting & People Soft training • Develop an NP recruitment strategy. 	<ul style="list-style-type: none"> • Begin mapping process for the clerkship/LIC model • Continue to support the manager of the Med Ed team on the project plan to assist with the Health System Integration • TB memo to be finalized re: preceptor remuneration for Y3&4 clinical and non-clinical teaching hours MUN Regional Campus

What we've accomplished lately

	Patient Access & Flow	Surgical Backlog	Diagnostic Imaging Backlog	Transformation Enablement
Target	Reduce ED provider initial assessment time (PIA-90 th percentile) by 35% to align with Canadian average by 2027	Reduce wait times for all surgical procedures, measured using data available as increasing the percentage of patients treated w/in benchmark to 65% aligned to Canadian average for hip and knee surgeries by 2027	Decrease the 90 th percentile imaging wait times by 25% for CTs, MRIs, and Ultrasounds by 2027, aligning PEI with Canadian wait time performance	Monitor and track progress to align priorities and report on key indicators; Organization Excellence; Implementation of MOA for LFM Accountability Framework
Key Accomplishments	<ul style="list-style-type: none"> ✓ Launched Unit-Based Discharge Rounds at 3/6 Hospitals with the launch at CHO on January 20th (WH/SH/KCMH will launch Jan 27, Feb 2, & Feb 9). ✓ Improved communication among multi-disciplinary teams regarding discharge planning and barriers to timely discharge. ✓ Transitioned work around Tightening Discharge Processes to the Patient Flow Team to support implementation of the SAFER-S Model, a comprehensive Patient Flow Bundle for Acute Care. ✓ Combined feedback from HPEI Legal Review and First Available Bed updates into the draft Long-Term Care (LTC) Admission, Transfer, and Placement Policy and Procedure. 	<ul style="list-style-type: none"> ✓ Hip and Cataract patients receiving surgery within benchmark have increased Oct-Dec 2024 Hips: 34.7% Cat: 31.3% Oct-Dec 2025 Hips: 46.7% Cat: 65.0% ✓ Same-day discharge expansion for total joint patients is ongoing, increasing cases weekly from 2 to 5 per day till end of March. ✓ Achieved 14 fewer OR cuts (Oct-Dec 2025 vs. 2024). ✓ Initiated Tues & Thurs emergency blocks starting with C-sections; introduced revised provincial emergency case categorization. ✓ OR nurses being cross-trained in all OR roles (July-Dec 2025). ✓ Drafted surgeon report cards and developed a list of desirable outcomes metrics for inclusion in future iterations. 	<ul style="list-style-type: none"> ✓ Volumes for CT, MRI & US increased from Oct-Dec 2025 vs Oct-Dec 2024 CT -> 10% MRI -> 36% US -> 30.6% ✓ Completed draft 3-year projection models for MRI and US. ✓ Moncton MRI have completed just over 2000 scans through the end of December. ✓ Deep Resolve has been implemented, and time savings have been calculated ✓ Initial waitlist validation efforts have been completed and a plan for 2026 validation cycles of each modality has been completed and approved by operations. ✓ Draft revision of appointment scheduling for modalities ✓ Procedure for updating "Walk" requisitions has been launched 	<ul style="list-style-type: none"> ✓ Work ongoing for remaining Executive and Workstream Initiative Dashboards ✓ Supported regular internal and external communications ✓ Supported P&PP portfolio assessment project (EY). ✓ Supported advancement of ERM program strategy with select jurisdictional scan, gap analysis, and draft revisions to policy, framework, & support resources ✓ Maintained Org Excellence WS connection points with new meeting cadence for status updates with Sponsors & Leads ✓ New Workstream launched, Project Planning ongoing, Practice Model Selection forms and materials to support decision making completed.
Upcoming Activities	<ul style="list-style-type: none"> • Align on PATHS Table future direction with Co-Chairs/Secretariat; communicate to stakeholders. • Work with operational partners to finalize the Complex Patient Description and Pathway for the LTC Admission, Transfer, and Placement Policy & Procedure. • Finalize work with Comms to embed Home First Philosophy into "Patient Journey Campaign" and prepare to launch Home First messaging with SAFER-S Patient Flow Bundle. 	<ul style="list-style-type: none"> • Complete 2nd Block Schedule Review and engage Surgical Leadership to evaluate strategies for revising emergency time structure. • Continue consultations and prepare phase 1 report cards. • Develop methodology to integrate emergency blocks into block schedule review process. • Support operations as they engage with Medical Affairs to support anesthesia schedule for QEH. • Prioritize hiring for vacancies and work with Workforce Recruitment on retention strategies. 	<ul style="list-style-type: none"> • Finalize plans for expanding Dual-training of staff and providing additional training to staff at QEH . • Review and analyze wait-time target and modeling to adapt plans for 2026 • Collaborating with workforce recruitment team on DI staff hiring/retention strategies • Continue supporting the revision of SOPs • Continue projection modeling for CT and ECHO • Review business plan for technologist and sonographer education pathway 	<ul style="list-style-type: none"> • Continue supporting regular internal and external communications • Continue development of workstream initiative dashboards • Continue supporting Org Excellence WS building blocks, P&PP portfolio assessment project (EY), and ERM program strategy advancement with work planning and progress monitoring • Planning and Change Management for MOA Deadlines as of April 1st

Q&A



Any Questions?

Stay up to date with our SRC Page:
src.healthpei.ca/transformation-office

Health PEI





02

Workstream Deep Dives



Workstream: Patient Registry Modernization

Progress To-Date

Key Accomplishments

- ✓ 2024 Affiliation: 5,450 patients
 - ✓ 2025 Affiliation: 8,943 patients
 - ✓ 2026 Affiliation Activities: 405 patients as of Jan 22/26
- 14 Affiliation Schedules in place: 483 patient affiliations planned in January/total affiliations scheduled 5,300 patients
- Panel Maintenance Program delivering accurate panel sizes weekly for those in Provincial EMR. Non-EMR practices to be validated twice annually
- Engagement with paneling NPs ongoing
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- ✓ 'Update My Info' is the registered, unaffiliated patient outreach program for those currently Active in the Patient Registry.
- We have contacted those who registered prior to 2023, a total of 8,614 households - to date, 42% have responded
-
- ✓ Transition the Prov. Patient Registry Project to Primary Care
- Handover manual and activity schedule complete
- Targeting March 1 for conclusion of handover

Path Forward

Next Steps

- Develop a Jan - Mar 2026 strategy for affiliation
- Complete the collapse of duplicate contacts into single household (Case) - last outstanding item for data integrity compliance
- Update Patient Information: 2023 contacted before February 15
- Update Patient Information: 2024 contacted before March 1
- Update Patient Information: 2025 contacted before March 15
- Update Patient Registry Trajectory for timeline on connecting every Islander to primary care (including population growth, provider departures, new hires)

Key Risks & Decision Points

- Collaborative patient affiliation has not progressed as planned which could impact our plan to affiliate most islanders by 2027
- Overall goal of reducing the registry may not be met due to new applications and decreased capacity in the system with provider departures, outpacing patients being affiliated
- The affiliation pace is not maintained following the transition to Primary Care Patient Registry team
- Our commitment to twice-annual patient outreach is not maintained due to competing priorities and continued high follow-up volumes

Workstream: Patient Medical Homes (PMHs)

Progress To-Date

Key Accomplishments

- ✓ Active PMHs: 18
- ✓ Evolving workstream to focus on the implementation of the PMH 2.0 model, starting with at the PMH at UPEI.
- ✓ PMH at UPEI: PMH Director hired, and a 2nd LFM Specialist signed and scheduled to start Fall 2025.
- ✓ Completed 15 Maturity Assessments with key indicators and themes rolled up. Ready for operational handover with 1 year follow up.
- ✓ Revamped PMH Playbook to reflect lessons learned from initial projects and enable more stakeholder engagement.

Path Forward

Next Steps

- PMH 2.0 Implementation at PMH at UPEI focusing on new initiatives that streamline operation and enhance patient experience, exploring and piloting new roles that focus on transitions and connecting people to care, and developing clear pathways that connect patients to other community care services to eliminate duplications.
- Explore research partnerships with the faculties at UPEI.
- Document and refine streamlined affiliation process being used at the PMH at UPEI to ensure scalability.
- Open House for the PMH at UPEI.
- Continue supporting upcoming PMH Projects, new and expanding, with the revamped PMH Implementation Playbook: Summerside CHC, Gulfshore, Charlottetown PMH, Cornwall HC

Key Risks & Decision Points

- Staffing gaps (LFM, LPN, MOA) at active and upcoming PMHs.
- Numerous Operational priorities and tight timeline for upcoming PMHs (staffing, infrastructure readiness, etc.) could lead to delayed patient affiliation and openings.

Workstream: Workforce Integration & Planning

Progress To-Date

Key Accomplishments

- ✓ Hired 41 physicians in 2025, 2 in 2026.
- ✓ 16.0 FTE new primary care providers hired (9.0 LFM, 7.0 NP) since July 2024
- ✓ Measured 2025 conversion rates and Days-to-Hire for Physician recruitment - now following up on best practices to improve engagement and conversion rate at each pipeline step
- ✓ Initial meeting held with PSC to discuss more collaboration on data and recruitment processes
- ✓ NP pipeline view in ZOH0 established and ready for manual updates for NP result summary

Inquiries for Recruitment:

General inquiries email for each discipline

(Emails are responded to directly by the recruitment team)

Nursing - nursingrecruiter@gov.pe.ca

Allied Health - alliedhealthrecruiter@gov.pe.ca

Physician - physicianrecruiter@gov.pe.ca

Questions Concerning Incentives/RIS

healthincentives@gov.pe.ca

Director of Workforce Recruitment *(Supporting the Allied Health team in the interim)*

Dom Desjardins drdesjardins@ihis.org

Managers of Workforce Recruitment

Tara Stewart (Nursing) tvstewart@ihis.org

Rachel Liem-Smith (Administration, Incentives, Agency & Immigration) rliemsmith@ihis.org

Luke MacLaren (Physicians) lmaclaren@ihis.org

Path Forward

Next Steps

- Complete LFM strategic canvas workshop
- Generate NP pipeline + results reports
- Develop plan for further PSC collaboration
- Further develop primary care recruitment plan
- Standardize lead tagging / establish auto-reminders for task follow ups in CRM
- Complete Zoho TRA and PIA
- Create Plan to introduce new Workforce Recruitment team and their improved processes or resources to their operational partners
- Continue to review current engagement practices at each pipeline stage for each portfolio, focus on Primary Care targets
- Get equivalent, upgraded access to Peoplesoft for all members of the team

Key Risks & Decision Points

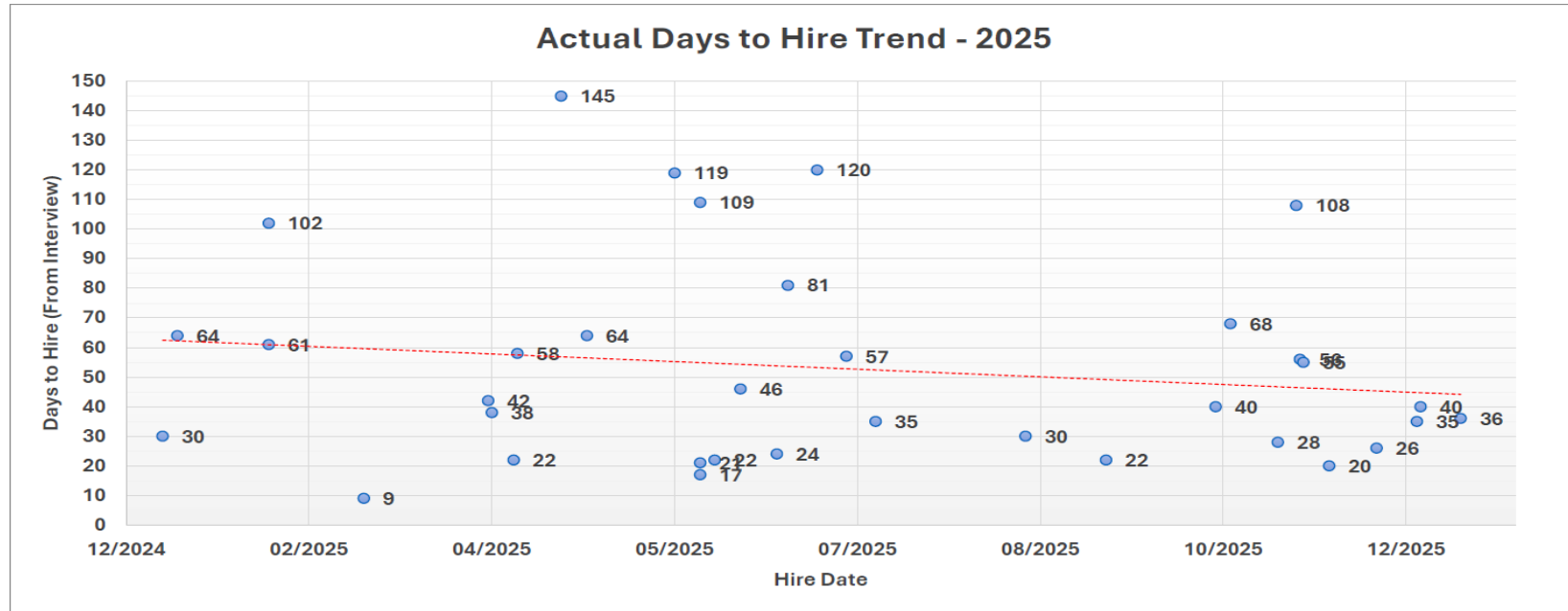
- Inconsistent / limited access to Nursing & Allied Health competition / candidate data in PeopleSoft
- Funding availability to complete ATS launch
- Lack of CRM/email integration limits recruitment outcomes through hindering lead engagement
- Not meeting primary care recruitment plan timelines/targets

Workforce Integration & Planning: Milestone Overview

Milestone	Month Due	Status	Lead
Advanced Physician Recruitment	Dec 2026	At-risk	Pico
Advancing Nursing, Allied Health and Support Staff Recruitment	Dec 2026	At-risk	Alex H.
Advancing Primary Care Recruitment	Dec 2026	At-risk	Pico
Recruitment Enablers	Dec 2026	At-risk	Alex H.

Physician Hires YTD , as of Dec 31st

Provincial Department	2025 Hires YTD	2025 Hires Target
Anesthesia*	1	4
Diagnostic Imaging	0	2
Emergency Medicine*	3	6
Family Medicine & Focused Practice*	7	17
Hospitalists	6	4
Laboratory	1	2
Medicine	7	6
Mental Health & Addictions	6	5
Obstetrics & Gynecology	0	2
Oncology*	3	2
Pediatrics*	4	5
Seniors and Supportive Care	1	1
Surgery	2	4
Total	41	60



Key Insights:

- Average Days to Hire (from Interview) for 2025 hires YTD is 49.5 days.
- Significant variance was observed for 2025 hires, however the trend decreased by approximately 10 days (~60 days to ~50 days), or -16.7%.
- Two 2025 hires were removed as outlier data

Progress To-Date

Key Accomplishments

- ✓ UPEI and HPEI have conducted a Health system review as it relates to Medical Education
 - ✓ Several meetings to review the current state have occurred engaging HPEI Med Ed Team and MUN Regional Campus Medical Education Team
 - ✓ The goal is to review current state and future state to ensure role clarity between both organizations
 - ✓ Planning with partners for the final mapping exercise to review clerkship model
 - ✓ Decision for Clerkship Model has been made by MUN Faculty of Medicine

Path Forward

Next Steps

- Transitioning the workstream over to Manager of Medical Education to continue with the work
- Engage with MUN to complete clerkship mapping exercise
- The TO PM will continue to support the manager of the Med Ed team on the project plan for the Health System Integration for the team
- Continue to work on refining and revamping the tools Med Ed uses to track Medical students and Preceptors to improve team efficiencies and improve transparency and sharing for the team
- Communicate remuneration information to HPEI physicians who are or could become engaged with the med school.
- Assemble information required for the Y3&4 for TB memo for clinical and non-clinical and clinical teaching hours

Key Risks & Decision Points

- The final mapping exercise there may have some redundant roles/tasks and therefore shifting of roles and responsibilities within HPEI may be required
- Physician engagement is key and having remuneration language is important as we recruit Physicians into Preceptor and teaching roles
- Faculty compensation model is dependent on the PSA Mediation - cannot communicate compensation details to physicians involved with teaching

Progress To-Date

Key Accomplishments:

- ✓ Improved communication among the multi-disciplinary teams regarding discharge planning and identifying barriers to timely discharge closer to the onset of initial admission.
- ✓ Transitioned work around Tightening Discharge Processes to the Patient Flow Team to support implementation of the SAFER-S Model, a comprehensive Patient Flow Bundle for Acute Care.
- ✓ Continued conversations w the E-Health Clinical Operations team regarding updates to the "Estimated Date of Discharge" (EDD) field in CIS. Key considerations being EDD as a mandatory field, and being updated away from a physician order, allowing other key members (Clinical Leads) of the multi-disciplinary team to enter the EDD.
- ✓ Combined feedback from HPEI Legal Review and First Available Bed updates into the draft Long-Term Care (LTC) Admission, Transfer, and Placement Policy and Procedure.

Path Forward

Next Steps:

- Launch Discharge Rounds at CHO/WH then SH/KCMH in Jan/Feb 2026.
- Work with operational partners to finalize the Complex Patient Description and Pathway for the LTC Admission, Transfer, and Placement Policy & Procedure.
- Continue to work with Comms to embed Home First Philosophy messaging into the "Patient Journey Campaign" and procure HF messaging materials for Acute Care sites (staff badges, posters).
- Align on PATHS future direction, Co-Chair roles, and Secretariat responsibilities; communicate outcomes to stakeholders.

Key Risks & Decision Points:

- Implementing the new Long Term Care Admission, Transfer and Placement Policy and Procedure - Implementation Plan will require ongoing operational direction and support.
- Lack of defined processes and education surrounding Discharge Planning in Acute Care remains a risk. Our rural facilities are experiencing a high volume of staff on leave (including Nurse Managers/Clinical Leads) which has further delayed the launch of Discharge Rounds in the West/East.
- Gaps in developing and implementing the Home First strategy in tandem with the overall Patient Flow Bundle could lead to inconsistent application of its guiding principles, affecting patient transitions and overall system flow.

Patient Access & Flow: Milestone Overview

Milestone	Month Due	Status	Lead
Implement Unit-Based Discharge Planning Solutions <ul style="list-style-type: none"> •Launch Discharge Planning Solutions (PCH) (Mar) (Complete) •Launch Discharge Planning Solutions (QEH) (August) (Complete) •Launch Discharge Planning Solutions (Community Hospitals) (Jan/Feb) 	Jan/Feb 2026 (Discharge Planning Solutions - Rural Hospitals)	At-Risk	Launch: Bailey Jackson / Morolake Kunlere Monitoring: Patient Flow (Christine H & Christa B)
Reduce LOS by Tightening Discharge Processes <ul style="list-style-type: none"> •Discharge Planning Workshops at QEH (Complete) •Discharge Planning Workshops at PCH (TBD) •Reduce LOS (non-ALC) for patients discharged without support (On-Going) 	December 2025	At-Risk	Lead: Patient Flow (Donna Daniec & Team) TO Support / Transition: Bailey Jackson / Morolake Kunlere
Simplify Transition to LTC <ul style="list-style-type: none"> •Review / Prioritize LTC Placement Modernization Recommendations (Feb) (Complete) •Implementation Plan (On-Going) •Initiate Recommendations / Launch Implementation (Pending Approval) 	March 2026	At-Risk	Current Lead: Bailey Jackson Implementation Leads: Trevor Waugh / Crystal Praught
Implement a Home First Strategy <ul style="list-style-type: none"> •Develop “Home First” Philosophy / Guiding Principles (Feb) (Complete) •Develop “Home First” Implementation Plan (On-Going) •Implement “Home First” Philosophy (Jan/Feb) 	January 2026 (Patient Journey Campaign) February 2026 (Rec Launch Date)	At-Risk	Morolake Kunlere / Bailey Jackson Donna Daniec / Crystal Praught
Maximize LTC Capacity	January 2026	On Hold	Andrew MacDougall / Trevor Waugh
Expand OT/PT Coverage <ul style="list-style-type: none"> •Develop 7-day Model •Develop a Recruitment and Development Strategy 			Dylana Arsenault
Leverage Alternative Options for the ED <ul style="list-style-type: none"> •Options Analysis and Feasibility Assessment •Develop Implementation Plan 			Kim Lawn

Progress To-Date

Key Accomplishments:

- ✓ Piloted same-day discharge expansion for total joint patients starting in September, now increase cases from 2 to 5 per day on a weekly basis through until the end of March.
- ✓ Achieved 14 fewer OR cuts (Oct-Dec 2025 vs. 2024).
- ✓ Initiated Tues & Thurs emergency blocks starting with C-sections and introduced revised provincial emergency case categorization.
- ✓ OR nurses are being cross-trained in all OR roles (July-Dec 2025).
- ✓ Drafted surgeon report cards and developed a list of desirable outcomes metrics to be included in future iterations.
- ✓ Established coordination process between anesthesia, nursing, and surgeon bookings for summer and fall schedules.
- ✓ Formed Block Schedule Review Committee and led change management for data-driven decisions; updated Terms of Reference for site and provincial surgical committees.

Path Forward

Next Steps

- Support operations as they engage with Medical Affairs to support anesthesia staff and locum schedule for QEH.
- Complete second BSR and engage Surgical Leadership to evaluate strategies for revising emergency time structure.
- Develop methodology to integrate emergency blocks into the block schedule review process.
- Collaborate with stakeholders to refine plans and advance implementation of the revised staffing model.
- Prioritize hiring for vacancies and work with Workforce Recruitment on retention strategies.

Key Risks & Decision Points

- Participation by some specialties to conduct emergency cases during the emergency blocks.
- Departures, leaves and ongoing vacancies in the department are creating challenges with the implementation of staffing model changes.

Workstream: Surgical Backlog

Milestone	Month Due	Status	Lead
Schedule Coordination	Feb 2026 Ongoing	At-risk	Operations, TO
Total joint replacement same day discharge pilot	Sept 2025, Ongoing	On-track	Donna, Nia
Block Schedule Review	Nov 2025, Ongoing	On-track	Operations
Lower sedation surgical guidelines and proposal for expansion	Jan 2026	On-track	Workstream Leadership
Emergency Case Time	June 2025, Ongoing	At-risk	Workstream Leadership
Optimized Staffing Model	Feb 2025	At-risk	Operations/TO
Surgical Report Cards	Feb 2026	On-track	Workstream Leadership

Workstream: Diagnostic Imaging Backlog

Progress To-Date

Key Accomplishments:

- ✓ Completed draft 3-year projection models for MRI and US.
- ✓ Moncton MRI have completed just over 2000 scans through the end of December.
- ✓ Deep Resolve has been implemented, and time savings have been calculated
- ✓ Initial waitlist validation efforts have been completed and a plan for 2026 validation cycles of each modality has been completed and approved by operations.
- ✓ Draft revision of appointment scheduling for modalities
- ✓ Procedure for updating “Walk” requisitions has been launched
- ✓ Dual-training of staff has been implemented and plans for expanding to QEH are underway which includes providing additional training to staff.

Path Forward

Next Steps

- Finalize plans for expanding Dual-training of staff and providing additional training to staff at QEH .
- Review and analyze wait-time target and modeling to adapt plans for 2026
- Collaborating with workforce recruitment team on DI staff hiring/retention strategies
- Continue supporting the revision of SOPs
- Advance the development of Transition to Operations playbook

Key Risks & Decision Points

- New flexible hiring positions have not been filled yet and are delaying progress towards clearing backlogs in each modality.

Modality	FY 2025 Q1 90 th (in days)	FY2025 Q2 90 th (in days)	FY2025 Q3 90 th (in days)	Target 90 th (in days)
CT	80	80	83	80
MRI	574	229	233	449
US	423	388	392	166

Workstream: Diagnostic Imaging Backlog

Milestone	Month Due	Status	Lead
Revised staffing model proposal	Dec 2025, Ongoing	At-risk	Operations
Optimized Waitlist validation process	Initial Validation March - August Maintenance November - onwards	On-track	Operations
Optimized scanning protocols	July 2025, Ongoing	On-track	Pieter / Colin
Support partnership to expand capacity	February 2025, Ongoing	On-track	Workstream Leadership
Demand and Capacity Modelling	Feb 2026	On-track	Workstream Leadership
Standardized Booking Practices	Feb 2026	On-track	Operations with TO Support

Progress To-Date

Key Accomplishments

- ✓ Supporting Portfolio Assessment Project with P&PP and EY
 - ✓ Participated in P&PP director meetings with EY, shifting project focus to address current foundational processes/service delivery challenges and lay groundwork for long-term future state vision and goals
- ✓ Supporting advancement of Enterprise Risk Management program strategy
 - ✓ Compiled jurisdictional information and drafting revisions to ERM policy, framework, support diagrams and templates
- ✓ Maintaining WS building block connection points
 - ✓ Established and began new meeting cadence for status check-ins, information sharing, and workstream discussions with sponsors & leads
 - ✓ Attended information sharing meeting on proposed data roadmap to understand enabling interconnections with and timeframes for WS building block deliverables

Path Forward

Next Steps

- Supporting Portfolio Assessment Project with P&PP and EY
 - Assist with preparation for ELT briefing on EY workplan
- Supporting advancement of Enterprise Risk Management program strategy
 - Continue work drafting ERM policy and framework revisions and work to create additional regional contacts for research
 - Begin work plan for ERM program and engagement strategy
- Maintaining WS building block connection points
 - Prepare pulse check milestone report and maintain building block meeting cadence, including connection points with ongoing pilot projects (e.g., QEH)

Key Risks & Decision Points

- The P&PP portfolio assessment project has identified a large body of work and prioritizing EY's immediate workplan through ELT will be crucial to actioning next steps

Organizational Excellence: Milestone Overview

Milestone (by Building block & Enabling Project)	Target	Status	Lead
Organizational Focus & Alignment Develop Strategic Plan Implementation Plan <ul style="list-style-type: none"> Implementation plan drafted to include a HPEI strategy map, balanced scorecard, and strategy action/communication plan 	January 2026	On-track	Building block sponsor and lead
Leadership Behaviours Create ELT & Team Values Commitment Charter <ul style="list-style-type: none"> ELT values commitment charter created and distributed (complete) Cascading Team values commitment charter beginning 	September 2026 (Team level charters)	On-track	Building block sponsor and lead
People Development Deliver Professional Impact & Development Program (PIDP) <ul style="list-style-type: none"> First check-ins planned for pilot Excluded group Implement Learning Management System (LMS) <ul style="list-style-type: none"> User acceptance testing (UAT) has begun 	March 2026 pilot review meeting (Excluded group) Pilot planned early 2026	On-track	Building block sponsor and lead
Improvement Methods Revise Health PEI's Integrated Quality and Patient Safety Framework <ul style="list-style-type: none"> Review regional programs for model review and possible adoption Develop Standard Improvement Approach toolkit, communication plan, and training <ul style="list-style-type: none"> PDSA training scheduled across PMHs PDSA incorporated in Management Essentials series 	Ongoing February/March 2026	On-track	Building block sponsor and lead
Management System Develop elements of a Performance and Accountability Framework <ul style="list-style-type: none"> Standard work (meeting structure and cadence) and daily management system 	Ongoing (pilots underway)	On-track	Building block sponsors and leads
People & Professional Practice Portfolio Assessment Project Deliver current state assessment report and target operating model (EY) <ul style="list-style-type: none"> Project focus shifted to address current foundational processes/service delivery challenges and lay groundwork for long-term future state vision and goals 	January 2026 milestone (overall project March 2026)	On-track	Project executive & director
Enterprise Risk Management (ERM) Program Review Project Strengthen and advance ERM program <ul style="list-style-type: none"> Project starting with jurisdictional scan, revised policy and framework, and support resources 	Ongoing	On-track	Project executive & director