



# **Building and Accelerating Implementation at Health PEI**

**Transformation Forum**

**March 3, 2026**

# **Health PEI**

# How We Will Use Our Time

## Agenda

<b>01</b>	Key Accomplishments	40 min
<b>02</b>	Q&A	20 min

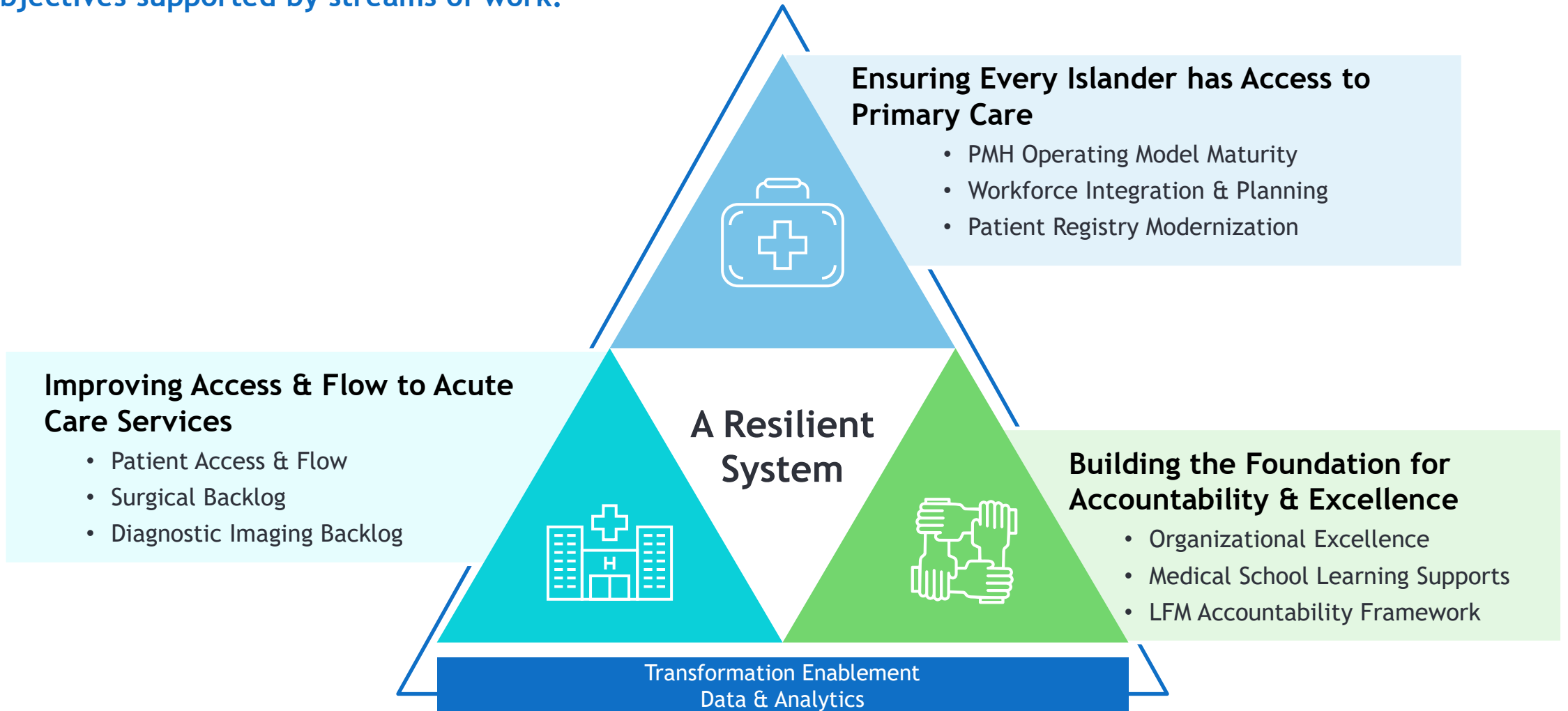


## Session Objectives

- ✓ 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.



# Celebrating Successes

*Kudos to the teams who worked on these projects!*



9 new grad Nurse Practitioners hired, including 6 into Primary Care.



Staffing levels and schedule coordination resulted in 25 less OR cuts in Jan-Feb 2026 versus Jan-Feb 2025



Successfully implemented Unit-Based Discharge Rounds across six hospitals

# What we've accomplished lately

Patient Registry

Patient Medical Homes (PMHs)

Workforce Recruitment

Medical School Learning Support

## Connecting Every Islander to Primary Care

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 2027. Recruit remaining vacancies leveraging new recruitment apparatus.*

*In 2027 ensure a health system for optimal health learning and training opportunities on the Island for our Medical learners.*

Key Accomplishments

- Current Registry Number: 33,510 (Mar 1) an increase YTD by 137 patients
- ✓ 2024 & 2025 Affiliation: 14,393 patients
- ✓ **2026 Affiliation: 1,556 patients YTD**
- ✓ 2024 & 2025 Inactivated: 10,700 registrants
- ✓ **2026 Inactivated: 572 registrants**
- ✓ 2024 & 2025 New Applicants: 18,682
- ✓ **2026 New Applicants: 2,265**
- ✓ **6,274 more Affiliated or Inactive than Registered**
- ✓ 21 Active Paneling Physicians
- ✓ 14 affiliation schedules established: 837 patients scheduled for March
- ✓ All registered unaffiliated households with an email in the eCRM who applied prior to 2023 have been contacted: 42% current response rate

- ✓ Active PMHs: 19
- ✓ PMH at UPEI:
  - 1 NP starting March 2026, with a 2nd LFM Specialist scheduled to start Fall 2026.
  - Pilot tools and program such as AI Scribe for providers and online booking for patients.
  - Forming a Patient Experience Committee
- ✓ Presented to the Standing Committee on Health and Social Development about Patient Medical Homes, highlighting proposed strategies to strengthen continuity, access, and team-based care.

- ✓ **2026: Hired 6 Physicians YTD - 1 LFM**
- ✓ 16.0 FTE primary care providers hired since Jul 2024 (9.0 LFM, 7.0 NP)
- ✓ FTE Departures since Jul 2024 (6.3 LFM, 6 NP )
- ✓ 6 new grad NPs hired into Primary Care; 8 more in the pipeline
- ✓ PSC & WFR All Staff meeting to align on objectives for 2026
- ✓ MOU to support the recruitment of Office Admins/Clerks/MOA
- ✓ NP Recruitment Results report created to monitor NP pipeline
- ✓ Developed 2026 recruitment and sourcing targets for physician portfolio

- Medical Education team is:
- ✓ Continuing the mapping exercise to plan the placements during Year 3 & 4
  - ✓ Coordinating approval for Y3&4 preceptor remuneration
  - ✓ Health PEI is working with MSPEI and the Department of Health and Wellness to negotiate the medical education agreement for all participating Physicians. Health PEI is committed to recognizing the Physician contributions to this important work
  - ✓ TO has transitioned this work to the Manager of the Medical Education team.

Upcoming Activities

- Complete outreach to remaining registry households to update their information
- Finalize transition of Patient Registry workstream to Primary Care
- ITSS Development Team to complete feature in PPR CRM to merge duplicate contacts

- At the PMH at UPEI, standardizing workflows that focus on transitions and connecting people to care by developing clear pathways that connect patients to other community care services.
- Working with WFR to develop materials to support broad PMH recruitment.
- Upcoming PMH projects in the East Prince, Central Queens, and Queens regions.

- Establish Primary Care Provider Recruitment Roundtable
- Hold PSC bi-weekly meetings to monitor progress on shared goals
- Develop a recruitment strategy for experienced NPs
- Develop PMH location dashboard to highlight where there are locations and space for recruitment of LFM Specialists and NP

- Continue to support the manager of the Med Ed team on the project plan to assist with the Health System Integration

# What we've accomplished lately

	Patient Access & Flow	Surgical Backlog	Diagnostic Imaging Backlog	Transformation Enablement												
Target	Reduce ED provider initial assessment time (PIA-90 <sup>th</sup> 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 <sup>th</sup> 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"> <li>✓ Successfully implemented Unit-Based Discharge Rounds across six hospitals, with the last three sites; WH, SH, and KCMH - fully launched in February</li> <li>✓ Improved communication among multi-disciplinary teams on discharge planning and barriers to prompt discharge.</li> <li>✓ 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.</li> <li>✓ HPEI Policy Team completed the first review of the LTC Admission, Placement &amp; Transfer Policy, now reviewing latest draft with operations leads.</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Total number of Hip and Knee replacement patients receiving surgery per year</b> FY24-25 Hips: 288 Knees: 385 FY25-26YTD Hips: 285 Knees: 427</li> <li>✓ Trauma time is being piloted on Mondays at QEH to improve emergency OR time utilization during regular hours. This continues to build structure to the three emergency OR blocks.</li> <li>✓ Staffing levels and schedule coordination has resulted in 7 OR cuts in Jan-Feb 2026 vs 32 OR cuts Jan-Feb 2025.</li> <li>✓ Same-day discharge expansion for total joint patients is ongoing, increasing cases weekly from 2 to 5 per day till end of March.</li> <li>✓ Completed the second cycle of the Block Schedule Review Committee, recommendations brought to and approved at PSSC - aiming to improve OR utilization</li> <li>✓ Completed stakeholder feedback for surgeon report cards and completed final revisions</li> </ul>	<ul style="list-style-type: none"> <li>✓ Increased volumes for CT, MRI &amp; US per fiscal year</li> <table border="1"> <thead> <tr> <th>Modality</th> <th>FY24-25</th> <th>FY25-26YTD</th> </tr> </thead> <tbody> <tr> <td>CT</td> <td>32,921</td> <td>33,091</td> </tr> <tr> <td>MRI</td> <td>5,581</td> <td>6,866</td> </tr> <tr> <td>US</td> <td>21,350</td> <td>22,058</td> </tr> </tbody> </table> <li>✓ Completed draft projection models for MRI, US and Echo capacity.</li> <li>✓ Moncton MRI contract was extended until March 31<sup>st</sup> to completed the remainder of the 2600 appointments</li> <li>✓ Guided waitlist validation efforts</li> <li>✓ Develop business plan for technologist and sonographer education pathway</li> </ul>	Modality	FY24-25	FY25-26YTD	CT	32,921	33,091	MRI	5,581	6,866	US	21,350	22,058	<ul style="list-style-type: none"> <li>✓ Work ongoing for remaining Executive and Workstream Initiative Dashboards</li> <li>✓ Supported P&amp;PP and EY through 2 of 3 deliverables (current state assessment &amp; target operating model)</li> <li>✓ Supported IRM program draft documents (project charter &amp; approach slide deck, policy &amp; framework revisions)</li> <li>✓ Prepared Org Excellence pulse check milestone report (Jan), held pulse check (Feb) to connect &amp; collaborate</li> <li>✓ LFM Accountability Framework - ongoing engagement with LFM Specialists to support practice model selection, completed discovery sessions and selection of new timesheet &amp; scheduling tool, drafted Quarterly performance report template, preparing data management plan to ensure report accuracy.</li> </ul>
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Upcoming	<ul style="list-style-type: none"> <li>• Issue communication to WH, SH, KCMH, CHO confirming the escalation pathway for discharge challenges.</li> <li>• Structure session for a second review of the LTC policy with operational leads and the Policy Team</li> <li>• Align Home First materials with SAFER-S based operational model, including a FAQ, posters, &amp; discharge roadmap - informed by material from other jurisdictions.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue supporting coordinated scheduling efforts.</li> <li>• Action recommendations coming out of the second Block Schedule Review cycle.</li> <li>• Prioritize hiring for vacancies and work with Workforce Recruitment on retention strategies.</li> <li>• Review and validate report cards for phase 1 distribution</li> </ul>	<ul style="list-style-type: none"> <li>• Complete internal metric summary</li> <li>• Collaborating with workforce recruitment team on DI staff hiring/retention strategies</li> <li>• Continue supporting the revision of SOPs</li> <li>• Complete projection modeling for CT</li> <li>• Follow-up on completed models and plans.</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain Org Excellence cadence for check-ins &amp; discussion; continue support for P&amp;PP and EY through deliverable 3 (implementation plan) and for IRM draft program review for ELT &amp; HIROC session</li> <li>• LFM Accountability Framework - provide updated Job Descriptions to LFM Specialists, prep communications/training materials ahead of April 1st go-live.</li> </ul>												

# What we've accomplished lately

	Patient Registry	Workforce Recruitment	Medical School Learning Support
Target	<p><i>Connecting Every Islander to Primary Care</i></p> <p><b>Affiliate 50,000 Patients from the Provincial Patient Registry by 2027</b></p>	<p>primary care providers (FTE) pending support roles by quit remaining vacancies new recruitment apparatus.</p>	<p><i>In 2027 ensure a health system for optimal health learning and training opportunities on the Island for our Medical learners.</i></p>
Key Accomplishments	<p><b>Patient Registry: 33,510 (Mar 1) an increase of 137 patients YTD</b></p> <ul style="list-style-type: none"> <li>✓ 2024 &amp; 2025 Affiliation: 14,393 patients</li> <li>✓ <b>2026 Affiliation: 1,556 patients YTD</b></li> <li>✓ 2024 &amp; 2025 Inactivated: 10,700 registrants</li> <li>✓ <b>2026 Inactivated: 572 registrants</b></li> <li>✓ 2024 &amp; 2025 New Applicants: 18,682</li> <li>✓ <b>2026 New Applicants: 2,265</b></li> <li>✓ <b>6,274 more Affiliated or Inactive than Registered</b></li> <li>✓ 21 Active Paneling Physicians</li> <li>✓ 14 affiliation schedules established: 837 patients scheduled for March</li> </ul>	<p>Hired 6 Physicians YTD - 1 LFM</p> <p>5 primary care providers hired in 2024 (9.0 LFM, 7.0 NP)</p> <p>Departures since Jul 2024 (6.3 LFM, 1 NP)</p> <p>1 grad NPs hired into Primary Care; 1 in the pipeline</p> <p>1 FR All Staff meeting to align on goals for 2026</p> <p>to support the recruitment of 10 Admins/Clerks/MOA</p> <p>Recruitment Results report created for NP pipeline</p> <p>Reviewed 2026 recruitment and targets for physician portfolio</p>	<p>Medical Education team is:</p> <ul style="list-style-type: none"> <li>✓ Continuing the mapping exercise to plan the placements during Year 3 &amp; 4</li> <li>✓ Coordinating approval for Y3&amp;4 preceptor remuneration</li> <li>✓ Health PEI is working with MSPEI and the Department of Health and Wellness to negotiate the medical education agreement for all participating Physicians. Health PEI is committed to recognizing the Physician contributions to this important work</li> <li>✓ TO has transitioned this work to the Manager of the Medical Education team.</li> </ul>
Upcoming Activities	<ul style="list-style-type: none"> <li>✓ All registered unaffiliated households with an email in the eCRM who applied prior to 2023 have been contacted: 42% current response rate</li> <li>• Complete outreach to remaining registry households to update their information</li> <li>• Finalize transition of Patient Registry workstream to Primary Care</li> <li>• ITSS Development Team to complete feature in PPR CRM to merge duplicate contacts</li> </ul>	<p>1 Primary Care Provider Recruitment Roundtable</p> <p>1 bi-weekly meetings to monitor progress on shared goals</p> <p>1 recruitment strategy for 10 Incented NPs</p> <p>1 PMH location dashboard to identify where there are locations and gaps for recruitment of LFM Specialists</p>	<ul style="list-style-type: none"> <li>• Continue to support the manager of the Med Ed team on the project plan to assist with the Health System Integration</li> </ul>

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## Patient Access & Flow

Target

**Reduce ED provider initial assessment time (PIA-90<sup>th</sup> percentile) by 35% to align with Canadian average by 2027**

Key Accomplishments

- ✓ Successfully implemented Unit-Based Discharge Rounds across six hospitals, with the last three sites; WH, SH, and KCMH - fully launched in February.
- ✓ Improved communication among multi-disciplinary teams on discharge planning and barriers to prompt 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.
- ✓ HPEI Policy Team completed the first review of the LTC Admission, Placement & Transfer Policy, now reviewing latest draft with operations leads.

Upcoming

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Diagnostic Imaging Backlog	Transformation Enablement												
<p>Decrease the 90<sup>th</sup> percentile imaging wait times by 25% for CTs, MRIs, and ultrasounds by 2027, aligning PEI with Canadian wait time performance</p>	<p>Monitor and track progress to align priorities and report on key indicators; Organization Excellence; Implementation of MOA for LFM Accountability Framework</p>												
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Key Accomplishments	<ul style="list-style-type: none"> <li>✓ Successfully implemented Discharge Rounds across the last three sites; WH fully launched in February</li> <li>✓ Improved communication disciplinary teams on discharge and barriers to prompt care</li> <li>✓ Transitioned work around Discharge Processes to the Team to support implementation SAFER-S Model, a comprehensive Flow Bundle for Acute Care</li> <li>✓ HPEI Policy Team completed review of the LTC Admission Transfer Policy, now reviewed with operations leads.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Total number of Hip and Knee replacement patients receiving surgery per year                             <table border="1" data-bbox="496 421 1184 506"> <tr> <td>FY24-25</td> <td>Hips: 288</td> <td>Knees: 385</td> </tr> <tr> <td>FY25-26YTD</td> <td>Hips: 285</td> <td>Knees: 427</td> </tr> </table> </li> <li>✓ Trauma time is being piloted on Mondays at QEH to improve emergency OR time utilization during regular hours. This continues to build structure to the three emergency OR blocks.</li> <li>✓ Staffing levels and schedule coordination has resulted in 7 OR cuts in Jan-Feb 2026 vs 32 OR cuts Jan-Feb 2025.</li> <li>✓ Same-day discharge expansion for total joint patients is ongoing, increasing cases weekly from 2 to 5 per day till end of March.</li> <li>✓ Completed the second cycle of the Block Schedule Review Committee, recommendations brought to and approved at PSSC - aiming to improve OR utilization</li> <li>✓ Completed stakeholder feedback for surgeon report cards and completed final revisions</li> </ul>	FY24-25	Hips: 288	Knees: 385	FY25-26YTD	Hips: 285	Knees: 427	<ul style="list-style-type: none"> <li>Work ongoing for remaining Executive and Workstream Initiative Dashboards</li> <li>Supported P&amp;PP and EY through 2 of 3 deliverables (current state assessment &amp; target operating model)</li> <li>Supported IRM program draft documents (project charter &amp; approach slide deck, policy &amp; framework revisions)</li> <li>Prepared Org Excellence pulse check milestone report (Jan), held pulse check (Feb) to connect &amp; collaborate</li> <li>LFM Accountability Framework - ongoing engagement with LFM Specialists to support practice model selection, completed discovery sessions and selection of new timesheet &amp; scheduling tool, drafted Quarterly performance report template, preparing data management plan to ensure report accuracy.</li> </ul>
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# What we've accomplished lately

	Patient Access & Flow	Surg	Diagnostic Imaging Backlog	ment												
Target	Reduce ED provider initial assessment time (PIA-90 <sup>th</sup> percentile) by 35% to align with Canadian average by 2027	Reduce wait times measured using data percentage of patients to 65% aligned to 0 knee s	Decrease the 90 <sup>th</sup> percentile imaging wait times by 25% for CTs, MRIs, and Ultrasounds by 2027, aligning PEI with Canadian wait time performance	o align indicators; entation of framework												
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Transformation Enablement
<p><b>Monitor and track progress to align priorities and report on key indicators; Organization Excellence; Implementation of MOA for LFM Accountability Framework</b></p> <ul style="list-style-type: none"> <li>✓ Work ongoing for remaining Executive and Workstream Initiative Dashboards</li> <li>✓ Supported P&amp;PP and EY through 2 of 3 deliverables (current state assessment &amp; target operating model)</li> <li>✓ Supported IRM program draft documents (project charter &amp; approach slide deck, policy &amp; framework revisions)</li> <li>✓ Prepared Org Excellence pulse check milestone report (Jan), held pulse check (Feb) to connect &amp; collaborate</li> <li>✓ LFM Accountability Framework - ongoing engagement with LFM Specialists to support practice model selection, completed discovery sessions and selection of new timesheet &amp; scheduling tool, drafted Quarterly performance report template, preparing data management plan to ensure report accuracy.</li> </ul>
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# Q&A



Any Questions?

Stay up to date with our SRC Page:  
[src.healthpei.ca/transformation-office](http://src.healthpei.ca/transformation-office)

# Health PEI





02

# Workstream Deep Dives



# Workstream: Patient Registry Modernization

## Progress To-Date

### Patient Registry 2026:

Jan. 1 33,373 patients

Mar. 1 33,510 patients, increase of 137 patients since January

### Key Accomplishments

✓ 2024 Affiliation: 5,450 patients

✓ 2025 Affiliation: 8,943 patients

✓ 2026 Affiliation: 1,556 patients YTD Feb

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

✓ 'Update My Info' is the registered, unaffiliated patient outreach program for those currently Active in the Patient Registry.

Over 40% have responded and completed the process

✓ Transition the Prov. Patient Registry Project to Primary Care

Handover manual and activity schedule complete

## Path Forward

### Next Steps

- Finalize the handover of processes to Primary Care team
- Complete the collapse of duplicate contacts into single household - last outstanding item for data integrity compliance
- 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
- RISK: Affiliation pace is not maintained following the transition to Primary Care Patient Registry team
- RISK: Our commitment to twice-annual patient outreach is not maintained due to competing priorities and continued high follow-up volumes as being experienced currently

# Workstream: Patient Medical Homes (PMHs)

## Progress To-Date

### Key Accomplishments

- ✓ Active PMHs: 19
- ✓ PMH at UPEI remains on track to achieve its panel benchmark in under 24 months per provider.
- ✓ Playbook sessions showing improved effectiveness with integration of Capital Planning & Infrastructure and ITSS.
- ✓ Evolving workstream to focus on the implementation of the PMH 2.0 model, starting with at the PMH at UPEI.
- ✓ PMH at UPEI: NP joining Mar 2026 and 2nd LFM Specialist scheduled to start Fall 2026.
- ✓ 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.
- Complete 19 PMH Maturity Assessments this year.
- Working with WFR to develop materials to support broad PMH recruitment.
- 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 6 physicians YTD in 2026.
- ✓ 16.0 FTE new primary care providers hired (9.0 LFM, 7.0 NP) since July 2024
- ✓ 4/6 NP accepted offers are in Primary Care, with 3 more PC offers pending acceptance
- Generated recruitment targets for 2026 for all portfolios
- Generate NP pipeline + results reports
- Held initial joint all staff meeting between WFR and PSC
- Enhanced PeopleSoft Access granted, customized training being scheduled.
- Supported hand-off of the monthly minister's report
- Progressed TRA and PIA and SharePoint site

## Path Forward

### Next Steps

- Develop primary care affiliation trajectory with other Primary Care workstreams
- Help develop Primary Care providers and support staff recruitment plans
- Set up and hold PSC/WFR touchpoints.
- Set up and hold Primary Care Provider recruitment touchpoints
- Manage TRA/PIA timelines and roadblocks
- Develop PMH location dashboard for recruitment
- Resume work on Workforce Recruitment's initiative dashboard

### Key Risks & Decision Points

- Detailed tactical plans to accelerate LFM recruitment
- Data compliance and collaboration with PSC
- Pipeline management and recruitment strategies need further development to focus on Primary Care recruitment

Grad Year	Cohort Size	Outcome
2025	5	<ul style="list-style-type: none"><li>• 3 hired in Permanent Positions (2 Hospitalist, 1 LFM )</li><li>• 2 hired in Locum positions (1 Hospitalist, 1 LFM)</li></ul>
2026	7	<ul style="list-style-type: none"><li>• 1 hired in a Permanent Positions (Hospitalist)</li><li>• 6 in pipeline</li></ul>

# Workforce Integration & Planning: Milestone Overview

Milestone	Month Due	Status	Lead
Advancing Primary Care Provider (LFM & NP) Recruitment	Dec 2026	At-risk	Pico
Advancing Nursing, Allied Health and Support Staff Recruitment	Dec 2026	At-risk	Alex H.
Recruitment Enablers	Dec 2026	On Track	Alex H.

## Inquiries for Recruitment:

General inquiries email for each discipline

*(Emails are responded to directly by the recruitment team)*

Nursing - [nursingrecruiter@gov.pe.ca](mailto:nursingrecruiter@gov.pe.ca)

Allied Health - [alliedhealthrecruiter@gov.pe.ca](mailto:alliedhealthrecruiter@gov.pe.ca)

Physician - [physicianrecruiter@gov.pe.ca](mailto:physicianrecruiter@gov.pe.ca)

Questions Concerning Incentives/RIS

[healthincentives@gov.pe.ca](mailto:healthincentives@gov.pe.ca)

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

Dom Desjardins [drdesjardins@ihis.org](mailto:drdesjardins@ihis.org)

Managers of Workforce Recruitment

Tara Stewart (Nursing) [tvstewart@ihis.org](mailto:tvstewart@ihis.org)

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

Luke MacLaren (Physicians) [lmaclaren@ihis.org](mailto:lmaclaren@ihis.org)

## 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 additional 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.
- ✓ Launched Discharge Rounds at CHO, WH, SH and KCMH.
- ✓ 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 consideration of other key members (Clinical Leads) of the multi-disciplinary team to enter an EDD based on CIS clinical references - this work is exploratory and has been escalated to the workstream Exec Sponsor for consideration moving forward.
- ✓ HPEI Policy Team completed their first review of the LTC Admission, Transfer, and Placement Policy & Procedure, migrated it into the updated template, and released clean and tracked versions for stakeholder validation.

## Path Forward

### Next Steps:

- Issue communication to Rural Sites confirming the escalation pathway following the completion of the Discharge Rounds progress update meeting.
- Work with operational leads and Policy Analysts to unpack feedback and complete remaining elements of the LTC Admission, Transfer, and Placement Policy & Procedure.
- Continue work with Comms and Patient Flow to align Home First materials with SAFER-S operational model, including updates to the FAQ, posters, & discharge roadmap -- all informed by guiding material from other jurisdictions.

### 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.
- Ongoing gaps in defined processes and education for Acute Care discharge planning, the absence of a clear coordination lead at some sites leading to parallel team workflows, and inconsistent site-level leadership presence during Discharge Rounds contributing to downstream communication challenges.
- 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
<b>Implement Unit-Based Discharge Planning Solutions</b> <ul style="list-style-type: none"> <li>•Launch Discharge Planning Solutions (PCH) (Mar) <b>(Complete)</b></li> <li>•Launch Discharge Planning Solutions (QEH) (August) <b>(Complete)</b></li> <li>•Launch Discharge Planning Solutions (Community Hospitals) (Jan/Feb) <b>(Complete)</b></li> </ul>	Jan/Feb 2026 (Discharge Planning Solutions - Rural Hospitals)	<b>On-Track</b>	<b>Launch:</b> Bailey Jackson / Morolake Kunlere <b>Monitoring:</b> Patient Flow (Christine H & Christa B)
<b>Reduce LOS by Tightening Discharge Processes</b> <ul style="list-style-type: none"> <li>•Discharge Planning Workshops at QEH <b>(Complete)</b></li> <li>•Discharge Planning Workshops at PCH <b>(TBD)</b></li> <li>•Implementation of STEP (Standard Work in OC) &amp; SAFER-S Model <b>(On-Going)</b></li> </ul>	March 2026	<b>At-Risk</b>	<b>Lead:</b> Patient Flow (Donna Daniec & Team) <b>TO Support / Transition:</b> Bailey Jackson / Morolake Kunlere
<b>Simplify Transition to LTC</b> <ul style="list-style-type: none"> <li>•Review / Prioritize LTC Placement Modernization Recommendations (Feb) <b>(Complete)</b></li> <li>•Implementation Plan <b>(On-Going)</b></li> <li>•Initiate Recommendations / Launch Implementation <b>(Pending Approval)</b></li> </ul>	March 2026	<b>At-Risk</b>	<b>Current Leads:</b> Bailey Jackson Trevor Waugh / Crystal Praught
<b>Implement a Home First Strategy</b> <ul style="list-style-type: none"> <li>•Develop “Home First” Philosophy / Guiding Principles (Feb) <b>(Complete)</b></li> <li>•Develop “Home First” Implementation Plan <b>(On-Going)</b></li> <li>•Implement “Home First” Philosophy <b>(Mar)</b></li> </ul>	March 2026	<b>At-Risk</b>	<b>Current Leads:</b> Morolake Kunlere Donna Daniec / Crystal Praught
<b>Maximize LTC Capacity</b>	January 2026	<b>On Hold</b>	Andrew MacDougall / Trevor Waugh
<b>Expand OT/PT Coverage</b> <ul style="list-style-type: none"> <li>•Develop 7-day Model</li> <li>•Develop a Recruitment and Development Strategy</li> </ul>			Dylana Arsenault
<b>Leverage Alternative Options for the ED</b> <ul style="list-style-type: none"> <li>•Options Analysis and Feasibility Assessment</li> <li>•Develop Implementation Plan</li> </ul>			Kim Lawn

## Progress To-Date

### Key Accomplishments:

- ✓ Trauma time is being piloted on Mondays at QEH to improve available regular hours emergency OR time utilization. This continues to build structure to the three emergency OR blocks.
- ✓ Staffing levels and schedule coordination has resulted in 7 OR cuts in Jan-Feb 2026 vs 32 OR cuts Jan-Feb 2025.
- ✓ Same-day discharge expansion for total joint patients is ongoing, increasing cases weekly from 2 to 5 per day till end of March.
- ✓ Completed the second cycle of the Block Schedule Review Committee, recommendations brought to and approved at PSSC. - aiming to improve OR Block utilization
- ✓ Completed stakeholder feedback for surgeon report cards and completed final revisions before distribution of phase 1 cards.
- ✓ Presented at Physician Leadership Forum

## Path Forward

### Next Steps

- Continue supporting coordinated scheduling efforts.
- Action recommendations coming out of the second Block Schedule Review cycle.
- Prioritize hiring for vacancies and work with Workforce Recruitment on retention strategies
- Review and validate report cards for phase 1 distribution

### Key Risks & Decision Points

- 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, Recommendations Submitted	On-track	Workstream Leadership
Emergency Case Time	June 2025, Ongoing	On-track	Workstream Leadership
Optimized Staffing Model	Mar 2026	At-risk	Operations/TO
Surgical Report Cards	Mar 2026	On-track	Workstream Leadership

# Workstream: Diagnostic Imaging Backlog

## Progress To-Date

### Key Accomplishments:

- ✓ Completed a draft strategic plan for MRI, US, and Echo with recommendations for clearing backlogs and stabilizing staffing levels.
- ✓ Moncton MRI contract has been extended until the end of fiscal year with remaining appointments focusing on Contrast and Arthrogram scans.
- ✓ Guided waitlist validation efforts.
- ✓ Developed business plan for technologist and sonographer education pathway
- ✓ Dual-training of staff has been implemented and plans for expanding to QEHL are underway which includes providing additional training to staff.

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

## Path Forward

### Next Steps

- Complete internal metric update
- Collaborating with workforce recruitment team on DI staff hiring/retention strategies
- Continue supporting the revision of SOPs
- Complete projection modeling for CT
- Follow-up on completed models and make adjustments
- Finalize plans for expanding Dual-training of staff and providing additional training to staff at QEHL.

### Key Risks & Decision Points

- Ongoing vacancies are limiting scan throughput delaying progress towards clearing backlogs in each modality and cross-training of staff where applicable.
- Decisions on the submitted strategic plans will inform priorities and next steps.

# Workstream: Diagnostic Imaging Backlog

Milestone	Month Due	Status	Lead
Revised staffing model proposal	Dec 2025, Ongoing	At-risk	Operations
Optimized Waitlist validation process	<b>Initial Validation</b> March - August  <b>Maintenance</b> 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

#### Organizational Excellence Enablers

- ✓ Supporting Portfolio Assessment Project with P&PP and Ernst & Young (EY)
  - ✓ Deliverable 1 Current State Assessment report completed
    - ✓ EY provided ELT briefing (Jan 23) and action items for decision to inform future state service delivery/operating model
  - ✓ Deliverable 2 Future State Service Delivery Model
    - ✓ EY focused on clarifying roles, access/alignment with other corporate functions, optimizing technology, enhancing process controls, and strengthening policy/legislative compliance and is seeking ELT endorsement (Feb 26) of delivery model
- ✓ Supporting advancement of Integrated Risk Management program (IRM) strategy
  - ✓ Drafted revisions to IRM policy, framework, and support resources, as well as developed project charter and project approach slide deck
- ✓ Maintaining WS building block connection & status reviews
  - ✓ Prepared pulse check milestone report (Jan) and held second pulse check (Feb) to maintain cadence and collaboration

## Path Forward

### Next Steps

#### Organizational Excellence Enablers

- Supporting Portfolio Assessment Project with P&PP and EY
  - Deliverable 3 Implementation and Change Management Plan
    - Implement service delivery model through roadmap of near-term action, change management strategy, and long-term scale/maturity
- Supporting advancement of Integrated Risk Management program strategy
  - Review drafted documents and processes with leads in preparation for ELT risk identification session scheduled for facilitation by HIROC March 27, 2026
- Maintaining WS building block connection & status reviews
  - Maintain meeting cadence for status check-ins, information sharing, and WS discussions with Sponsors & Leads
  - Develop cadence with new building block/IRM lead

### Key Risks & Decision Points

- EY and the P&PP team identified a large body of future state and foundational work needed in transitioning to a target operating model that may not be fully achievable in EY's remaining workplan timeframe (e.g., detailed implementation roadmap may be more feasible than actual implementation).

# Organizational Excellence: Milestone Overview

Milestone (by Building block & Enabling Project)	Target	Status	Lead
<b>Organizational Focus &amp; Alignment</b> Develop Strategic Plan Implementation Plan <ul style="list-style-type: none"> <li>Implementation plan drafted to include a HPEI strategy map, balanced scorecard, and strategy action/communication plan</li> </ul>	To bring to Executive Strategy and Operations Committee (ESOC) prior to ELT briefing and approval (final quarter 2025-26)	At-Risk	Building block sponsor & lead
<b>Leadership Behaviours</b> Create ELT & Team Values Commitment Charter <ul style="list-style-type: none"> <li>ELT values commitment charter (created and distributed)</li> <li>Cascading Team values commitment charter queued and ready</li> <li>Leader Standard Work</li> </ul>	<ul style="list-style-type: none"> <li>Team-level charters planned for Fall 2026</li> <li>Continuing LEADS training offerings (2 cohorts) and monthly Management Essentials Series</li> </ul>	On-track	Building block sponsor & lead
<b>People Development</b> Deliver Professional Impact & Development Program (PIDP) <ul style="list-style-type: none"> <li>First check-ins for pilot Excluded group</li> </ul> Implement Learning Management System (LMS) <ul style="list-style-type: none"> <li>User acceptance testing (UAT) began for 30 testers</li> </ul>	<ul style="list-style-type: none"> <li>Feedback survey created, submission planned for pilot group review meetings March 2026</li> <li>In-progress &amp; pilot planned early 2026</li> </ul>	On-track	Building block sponsor & lead
<b>Improvement Methods</b> Revise Health PEI's Integrated Quality and Patient Safety Framework <ul style="list-style-type: none"> <li>Review regional programs for model review and possible adoption (e.g., NSHA)</li> </ul> Develop Standard Improvement Approach toolkit, communication plan, and training <ul style="list-style-type: none"> <li>PDSA training across PMHs</li> <li>PDSA incorporated in Management Essentials series</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing: meeting with NSHA in Jan and follow-up planned April 2026</li> <li>Scheduled PDSA training initiatives and upscaling sessions continuing Feb/Mar 2026</li> </ul>	At-Risk	Building block sponsor & lead
<b>Management System</b> Develop elements of a team-level Performance and Accountability Framework <ul style="list-style-type: none"> <li>Standard work (meeting structure and cadence) and daily management system</li> </ul>	Ongoing (pilots underway at QEH, Workforce Recruitment, PC)	At-Risk	Building block sponsors & leads
<b>People &amp; Professional Practice Portfolio Assessment Project</b> Deliver current state assessment report, future state delivery/operating model, implementation and change management plan (EY) <ul style="list-style-type: none"> <li>Project focus on foundational processes/service delivery challenges to lay groundwork for long-term future state vision and goals informed by Office of the Auditor General (OAG) report</li> </ul>	Overall project completion March 2026	On-track	Project executive & director
<b>Integrated Risk Management (IRM) Program Review Project</b> Strengthen and advance IRM program through policy & framework revisions and implementation	Revised resources & processes for ELT risk identification session (HIROC facilitated) March 2026	On-track	Project executive & director