Building and Accelerating Implementation at Health PEI

Transformation Forum

July 16, 2026

Health PEI

How We Will Use Our Time

Agenda

01	Introduction	5 min
02	Workstream Accomplishments	30 min
03	Looking Ahead	10 min
04	Q&A	15 min

Session Objectives

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

Transformation Office

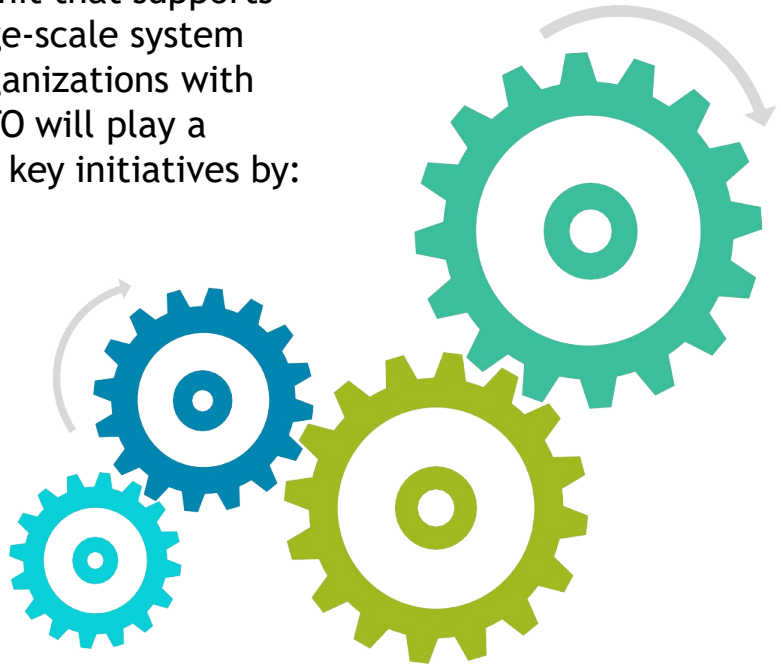
We've established a Transformation Office (TO) to provide focus and support in delivering key transformation goals. A TO is a central unit that supports prioritization, management, and decision-making for large-scale system priorities and projects. It's a common feature in large organizations with complex projects competing for resources. Health PEI's TO will play a critical role in ensuring the successful implementation of key initiatives by:

Accelerating progress toward key objectives and ensuring initiatives move forward at pace.

Building momentum, ensuring sustainability and capability building are fully integrated.

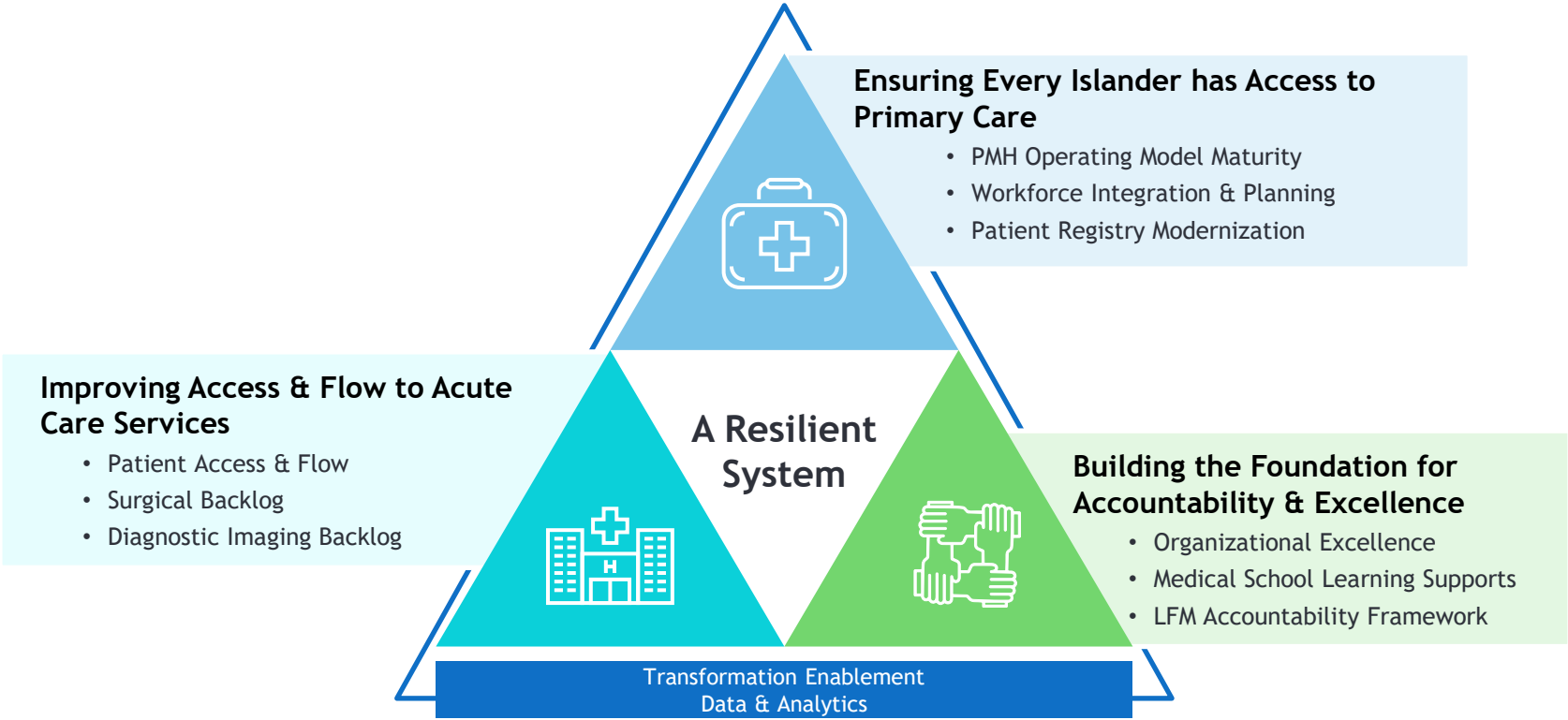
Managing the priorities and coordinating across the system.

Monitoring and tracking progress, to align priorities and report on key indicators.

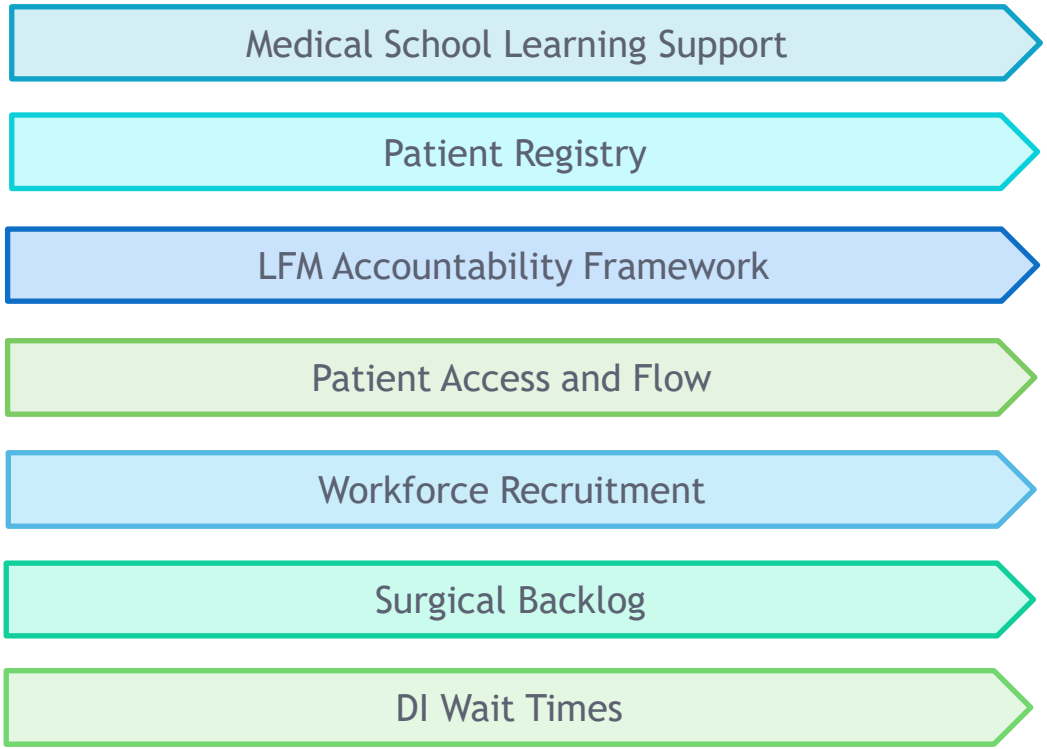


Our Transformation Framework

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



Transitioning to Operations



01

Workstream Accomplishments

Patient Registry KPIs

Workstream Target:
Connecting Every Islander to Primary Care

Milestone	Target	Current Progress		
Reduce time waiting on Patient Registry by developing clear path to Affiliation	Patients on registry less than 12 months	**Region**	**Affiliating App. Year**	**Patients as of June 30**
		West Prince:	2021	3,467
		East Prince:	2018	9,709
		Central Queens:	2021	1,660
		Queens:	2017	16,997
		Southern Kings:	2019	3,321
		Eastern Kings:	2021	938
		Province-wide		36,093
Patient Registry as the Source of Truth for Unaffiliated Islanders	60% of active patients have updated their household info	**Updated Active Patient Profiles: 48%** ~48% of all patient profiles on the registry have been updated since August 2025 -14,181 emails have been sent to patients asking them to update their information. Email outreach to patients who registered in 2024, currently. ~32% of patients on the registry will receive a direct mail letter, in August, requesting them to update their information		

Workstream: Patient Registry

Modernization

- Implemented a modernized **Provincial Patient Registry (PPR)** IT solution.
- Implemented a refreshed and automated application process & communication, **streamlining patient affiliation** and reducing the time required to assign a patient to a provider from weeks to days.

Data Integrity

- Implemented a process to ensure panel data and patient registry **data remains up to date.** Including a **proactive outreach to patients** on the registry to have them ensure their **information is up to date**.
- Led Panel Identification process, the **verification** of Active Patients in each primary care physician or NP panel. Reviewed and confirmed over 100,000 patient charts for over 100 providers.

Affiliation Schedules

- Collaborated with Medical Affairs to provide Physicians who have capacity to affiliate more patients in accordance with their affiliation schedule or benchmark.
- There were 18 affiliation schedules drafted for presentation by Medical Affairs to LFM specialists for their agreement in the fall of 2025 to achieve their benchmark.
- There are 22 NPs who will have affiliation schedules drafted for presentation in July 2026 by NP Directors and Primary Care Network Managers.

Transition to Operations

- SOPs/Policies have been reviewed and transitioned to Primary Care Patient Registry team.
- Ongoing support to review and educate PPR team on the new policy, procedures, and processes
- ITSS is performing an update to the modernized PPR IT solution, anticipated launch date is early September.

Patient Medical Home KPIs

Workstream Target:
Connecting Every Islander to Primary Care

Milestone	Metric	How this milestone drives progress toward the Target?
Access and Affiliation	• 19 Active PMHs • 2 Completed PMH Expansions: Gulf Shore and Summerside CHC = **4 new prescriber spaces** • 2 PMH Projects nearing completion (Charlottetown Mall, Cornwall MC) = **12 prescriber spaces** • 15 PMH Maturity Assessments completed	✓ Enables rollout of PMHs by identifying upcoming sites and staffing requirements, informing resource allocations and overall supporting the affiliation of Islanders to primary care.
Implementation of PMH 2.0	• Queens & East Prince Survey: 4,339 total responses from ~18,000 invitations = 24% response rate • PMH at UPEI Patient Experience Committee Members: 8 • Primary Care Engagement Sessions: 12 completed to date with more sessions to be scheduled.	✓ Advancing PMH 2.0 by piloting integrated people, process, and technology initiatives at UPEI, enabling real-world learning to refine the care model, strengthen patient affiliation, and scale standardized approaches across PMHs.

Workstream: Patient Medical Homes (PMHs) Operating Model Maturity

PMH Model

- The successful opening of the **PMH at UPEI** is on track to achieve its panel benchmark per NP or Physician, in under 24 months.
- **Site expansions** at Gulf Shore PMH and the Summerside Community Health Centre (Harbourside PMH) are now complete.
- Implemented **website updates** for primary care and PMHs.

Strategy

- **PMH Implementation Playbook** accelerates the development and scaling of PMHs, increasing provider capacity and ultimately expediting affiliation.
- Revamped PMH Implementation Playbook to reflect lessons learned from initial projects and enable more stakeholder engagement.
- Enablers such as developing and refining **trackers/dashboards**, and **centralized data** to ensure that PMHs are equipped with the operational supports and infrastructure needed to function efficiently and sustainably.

Assessments & Planning

- Completed 15 **PMH Maturity Assessments**, advancing adoption of the PMH Operating Model and supporting continuous practice improvement
- **Primary Care Leadership Days** held to align activities with Health PEI's strategic direction.
- Holding regular meetings with the **PMH at UPEI Patient Experience Committee** (PEC), which allows for members of the community to speak into design and services of primary care.

Affiliation

- Affiliation continues at an increased rate at the PMH at UPEI due to improved processes enabling the scope of the team to be optimized.
- Ongoing working groups and stakeholder engagement sessions to co-design models and approaches to improve access and affiliation.

Workforce Integration & Planning KPIs

Workstream Target:
Connecting Every Islander to Primary Care

Milestone	Metric	Progress	Target	Timeline	Key Highlights (as of July 15, 2026)
Advance Primary Care Provider Recruitment	LFM Hires	4.0	15	Jan 2026 - Dec 2026	❑ 6 LFM hires in 2025, 4 YTD 2026 ❑ Decrease in Physician Days to hire from >60 to an average of 28 days ❑ Departures: 4 LFMs in 2025; 6 LFMs in 2026 (scheduled) ❑ Status from Provider Recruitment Plan: • 10/31 activities completed; 17 on track, 1 at risk
	NP Hires	15.0* (10 in Primary Care)	24		❑ 5 NPs hired in 2025 (External), 15 YTD 2026 (Graduates) ❑ Departures: 2025: 1 Casual, 3 Permanent; 2026: 2 Casual, 1 Permanent ❑ Internal Movement in/out of PC: 2025: 4 NPs out, 3 NPs in 2026: 1 NP out, 0 NPs in ❑ Status from Provider Recruitment Plan: • 7/16 activities on track, 1 at risk

Workstream: Workforce Integration & Planning

Structured Processes

- Accelerated **Physician Hiring** by introducing Pace Setting Meetings and transitioning process to a CRM
- Created a new **Physician Recruitment Package**
- Completed a **NP Recruitment Package**
- **Nurse Practitioner** pipeline view in CRM dashboard established and ready for updates

Continuous Improvement

- Implemented a Daily Management System featuring Tiered Meetings and a Workforce Recruitment Huddle Board leading to enhanced accountability of recruitment targets, improved results planning, and faster identification of barriers/escalations
- **Measured** 2025 conversion rates and Days-to-Hire for Physician recruitment

Launched Systems & Tools

- **Developed Sourcing & Recruitment Tactical Plans and Tools**, including segment creation, target setting, baseline conversion rates; and using a primary operating tool and **source of truth** for the Workforce Recruitment Team

Transition and Sustainment

- Transitioning **Daily Management System, Physician Weekly Results Reports, NP Weekly Results Reports, CRM ownership, Monthly Minister report** to Workforce Recruitment and Medical Affairs Physician recruitment team
- Refresher training on **Huddle Board, Provider Steering Meeting, and CRM use** to suit Medical Affairs and Workforce Recruitment needs, with a sustainment plan

Medical School KPIs

Workstream Target:

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

Milestone	Metric	Target	Current Progress
Ongoing Physician Engagement Plan	Teaching Opportunities	TBD	The number of physicians signed to non-clinical teaching hours / the physician FTE
	Physician Faculty Appointed	70% : 30%	Ratio of physicians teaching (45% LFM : 55% Specialists)
		80%	Approx. *64% of all Health PEI physicians have been faculty appointed as requested at MUN **Number of faculty appointments is tracked by Med Ed*

Workstream: Medical School Learning Support

Med School

- Memorial University of Newfoundland (MUN) Regional Campus at UPEI opened its doors to **20 PEI Medical Students** in and first class of medical students in August 2025
- Set up ongoing **touchpoints** with Medical Education regarding their tools and workflows to **optimize** their work with the medical students

System Review

- **MUN Regional Campus and HPEI** have worked together to conduct a health system review as it relates to Medical Education to review current state and future state to ensure role clarity between both organizations
- **Liaised with DHW** who leads work on the remuneration model for non-clinical teaching hours
- Ensured **sharing of information** between Capital Planning & Primary Care for learner spaces

Resolutions

- A clerkship **decision** was made allowing for MUN/UPEI regional campus colleagues to set up a final mapping exercise
- **Feedback** was provided regarding years 3 & 4 for a Treasury Board memo for compensation for clinical and non-clinical teaching hours at MUN Regional Campus
- Medical Education website **updated** to reflect current information, resources, and partners

Transition to Operations

- The Transformation Office has **transitioned** most of the **operations** to the Manager of Medical Education at UPEI
- **Support** the new Manager of Med Ed and the team to set up reporting processes and collaboration opportunities

Patient Access & Flow KPIs

Workstream Target:

Reduce ED provider initial assessment time (PIA-90th percentile by 35% to align with Canadian average by 2027

Access and Flow Executive Dashboard Overview						
	FY2025-Q1	FY2025-Q2	FY2025-Q3	FY2025-Q4	FY2026-Q1	TARGET
90th Percentile ED Time to Physician Initial Assessment (PIA) (Hrs)	7.33 (hrs)	7.53 (hrs)	6.71 (hrs)	7.35 (hrs)	6.76 (hrs)	5.8 (hrs)
% of ALC Patient Days- Percentage of Hospital days spent by patients designated as "Alternate Level of Care" (ALC).	19.10%	29.90%	26.50%	27.10%	27.90%	15.00%
% of Midnight Alternate Level of Care (ALC) Census Days	25.20%	28.40%	26.00%	26.50%	27.40%	15.00%

Legend	
Q1	April - June
Q2	July - September
Q3	October - December
Q4	January - March

Workstream: Patient Access & Flow

Implement Unit-Based Discharge Planning Solutions

- Implemented **Daily Discharge Rounds** across six acute care facilities.
- **Enhanced communication re. discharge planning** and barriers to discharge between members of the multi-disciplinary team at both PCH & QEH.

Reduce LOS by Tightening Discharge Processes

- **Transitioned to Patient Flow team** as part of their work implementing the SAFER-S Model, the comprehensive and overarching Patient Flow Bundle being introduced in Acute Care.
- Patient Flow **led stakeholder engagement meetings** held to determine "standard work" among the teams to inform STEP – part of the overarching SAFER-S Model that depicts standard work in each overcapacity level.

Simplify Transitions to LTC

- Moving **LTC Admission, Transfer, and Placement Policy & Procedure** through drafting and review process. Ensuring Operations Team are engaged and involved in implementation planning.
- Facilitated **2 stakeholder engagement sessions** re Complex Patient Description & Pathway to inform policy language
- Established "**Acute Care Benchmarks**" which are time related benchmarks for each step in the transition process from Acute Care to LTC – to be rolled out, adhered to by all teams, and monitored by Home-Based Care.

Implement a Home First Philosophy

- Developed the **Home First Philosophy** for PEI, a patient-centered approach that prioritizes individuals being able to access coordinated support in the most appropriate care setting, with a focus on supporting individuals to remain in their homes with community-based services and supports until there is a demonstrated need to transition to their next most appropriate care setting.

Transition to Operations

- Daily Discharge Rounds & reducing Length of Stay milestones and tools, along with Home First Philosophy, have been or will be transitioned to Patient Flow Team
- LTC Policy & Procedure will transfer to Home-based Care Team and LTC team
- New structures as part of 'Overcapacity EOC Close-out' are also being formed by Corinne - where your input and oversight will be sought.

Surgical KPIs

	KPI	Current State	Jan-Apr 2025	Jan-Apr 2026
1	**% Wait Times within Benchmark** Target: 65%	Hip Replacement	26.0%	29.9%
		Knee Replacement	14.2%	14.6%
		Cataract Surgery	38.9%	55.4%
2	**Surgical Volumes**	Hip Replacement	98	110 (↑12.2%)
		Knee Replacement	140	171 (↑22.1%)
		First Eye Cataract Surgery*	1176	552 (↓53.1%)
		QEH Total	2239	2399 (↑7.1%)
		PCH Total	634	676 (↑6.6%)

Notes:
- * Cataract volumes include procedures completed at the vision center and the QEH
- Cataract % within benchmark is for first eye surgeries
- QEH Total Volumes do not include Ophthalmology

Workstream Target:

The target of the workstream is to increase the percentage of patients treated within benchmark to 65% aligning with the Canadian average for hip and knee replacement surgeries by 2027.

Why Benchmark Metrics Are Not Yet Improving:

- Many patients receiving surgery today have already waited longer than the 6-month benchmark, reducing the overall percentage treated on time.
- These **long-wait patients must be addressed first** to clear the backlog before on-time performance can improve.
- **As the backlog decreases**, the **percentage of patients** treated within benchmark is **expected to rise**.
- In the interim, **surgical volume serves as a key secondary indicator** to track system progress.

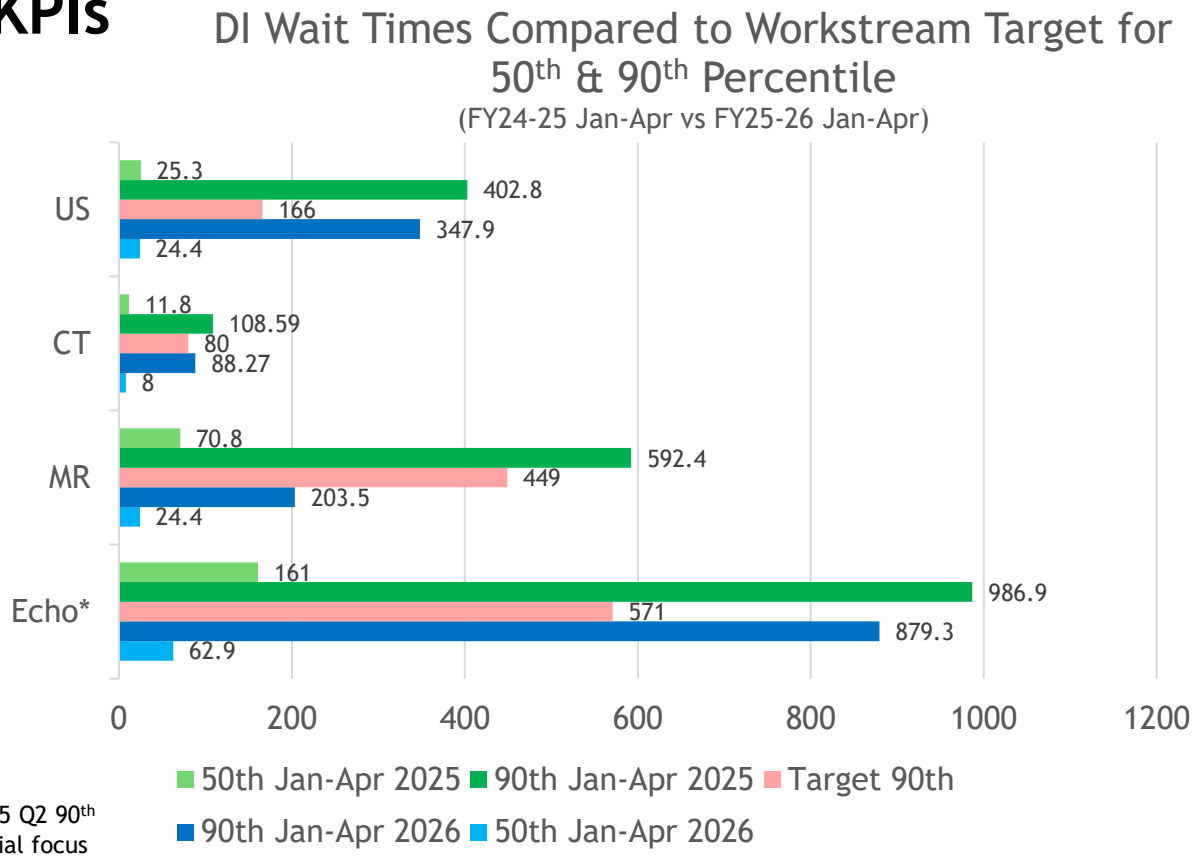
Workstream: Surgical Backlog

Surgeon Dashboards	• A tool developed for the **28 surgeons to review and self-evaluate process metrics quarterly** such as OR utilization, case volumes, and average wait times. • Future development plans include the addition of quality-based outcomes metrics.
Block Schedule Review Committee	• Implemented a process with a **committee of surgical leaders to review OR data** to identify trends for potential improvement opportunities in OR operations and scheduling. • Recommendations from this committee are brought to the Provincial Surgical Services Committee for further discussion, approval, and implementation.
Total Joint Replacement Same Day Discharge Pilot	• Implemented a pilot program to increase the ratio of patients that can be discharged home on the same day as their surgery and **increasing the overall number of cases completed** • This pilot has resulted in **an increase from 18.3% to 48.7%** of hip and knee replacement cases being discharged same day from April – August 2025 compared to January to March 2026.
Optimized Staffing Model	• Provided a revised staffing model looking at other jurisdictions, allocations, roles, responsibilities & gaps • OR Nurses are now being trained in all OR roles (July 2025-December 2025) • Developed a process for the **coordination of schedules** for nursing and anesthesia resources **to limit cuts to OR space** – 99 lost OR blocks in Summer 2025 vs 31 in Summer 2026
Transition to Operations	• Surgeon Dashboards transitioned to Medical Affairs team • Block Schedule Review, Same Day Discharge Pilot, Staffing Model, Schedule Coordination, OR Modeling, OR Data tracking has transitioned to Surgical Services • New structures as part of 'Overcapacity EOC Close-out' are also being formed by Corinne - where your input and oversight will be sought.

Diagnostic Imaging KPIs

Workstream Target:

Decrease the 90th percentile imaging wait times by 25% for CTs, MRIs, and Ultrasounds by 2027, aligning PEI with the Canadian wait time performance



*The target for Echo has been set based on the FY2025 Q2 90th percentile wait time of 761 days as it is a new potential focus modality of the workstream.

Workstream: Diagnostic Imaging Backlog

DI Waitlist Validation

- Developed **DI Waitlist Validation** to ensure all submitted imaging requisitions are valid and aligned with the digital order queue.
- Ultrasound, MRI, and Echo have undergone a full waitlist validation process in 2025
- To date, 8,000 requisitions have been reviewed with 750 have been removed from order queues

MRI Wait Time Reduction

- This was achieved through a contract for **external capacity** with Moncton MRI, **improvements with technologist staffing levels**, waitlist validation and a **software upgrade** to the MRI machine that improved the image post-processing capabilities of the system.

New Staffing Pathways

- Seeking **new staffing pathways**, have been engaging with Mohawk College about online programs for Gen Rad and ultrasound, and **exploring student support programs**.
- Ongoing collaboration with workforce recruitment team to work closely regarding DI staff hiring and retention strategies.

Standard Booking Practices

- A process around updating patient priority levels after protocoling by radiologists was developed and implemented to increase waitlist transparency.
- A process for **revising standard booking procedures** was developed and revisions are underway.

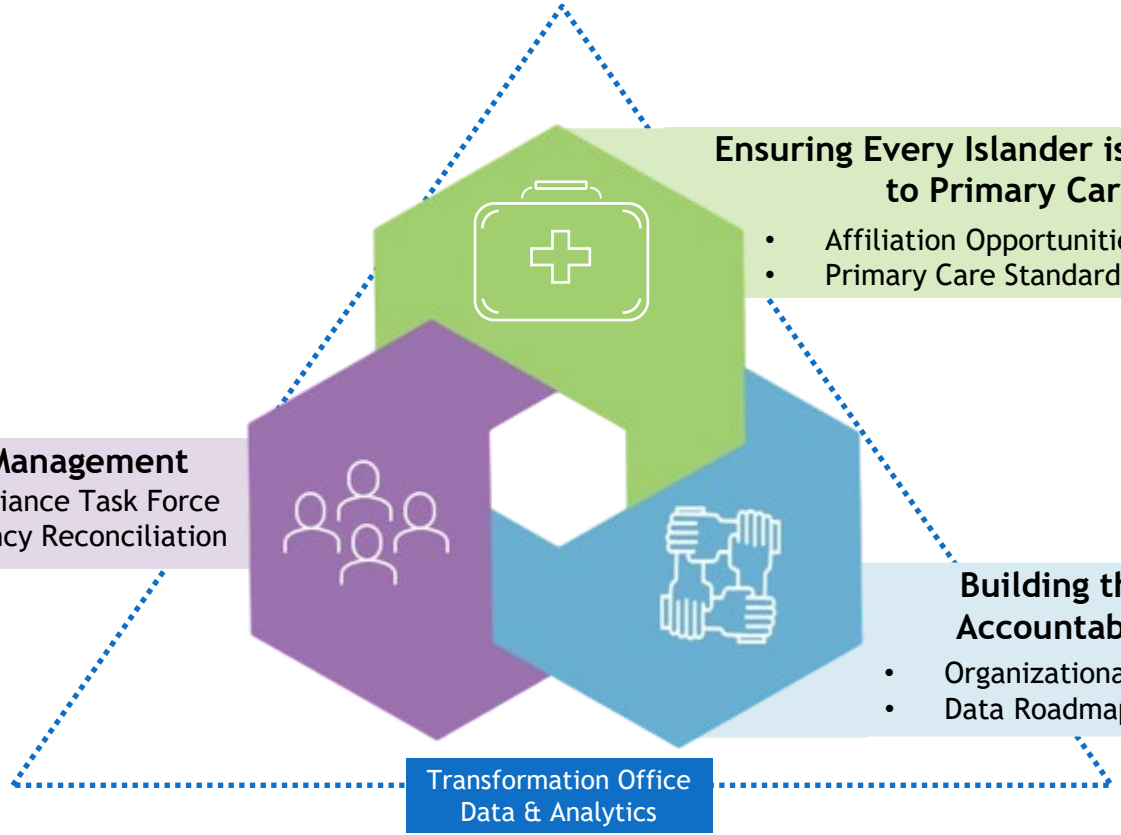
Transition to Operations

- Waitlist validation, Wait-time data modeling and monitoring, and staffing pathways work has been transitioned to Diagnostic Imaging Team.
- New structures as part of ‘Overcapacity EOC Close-out’ are also being formed by Corinne - where your input and oversight will be sought.

Looking ahead: June 2026 onwards

Health PEI

Looking Forward



Ensuring Every Islander is Connected to Primary Care

- Affiliation Opportunities
- Primary Care Standardization

Workforce Management

- Agency Staff Reliance Task Force
- Staffing & Vacancy Reconciliation

Building the Foundation for Accountability & Excellence

- Organizational Excellence
- Data Roadmap (Fall 2026)

Transformation Office
Data & Analytics

What We Are Seeing

In the system:

- There is a shortage of family physicians, NPs and other health providers
- We have resources that can be reorganized and optimized
- Teams across HPEI are bringing forward new ideas and solutions
- Team-based models across Canada are changing their approach to increase access

At the PMH at UPEI:

- **85%** of onboarded Islanders did not need provider follow-up within 14 days
- **67%** did not need provider follow-up within 28 days

Survey Results:

- ❑ **28.5%** prefer access to a team health professionals
- ❑ **33%** have no preference, showing openness to flexible models
- ❑ **38.5%** prefer being assigned to one primary provider

There is an opportunity to improve access by imagining teams differently

Source: 2025/2026 Surveys of Unaffiliated in Queens & East Prince Regions

Reimagining Primary Care Together- Overview

Objective: engage key interest holders around a new care model, supplementing existing practices to improve patient affiliation, access, continuity of care, and team-based service delivery.

Milestones	Status	Groups Consulted
Initial Stakeholder Engagement	10 sessions completed	IOUE, CUPE, PEINU, MSPEI, HPEI Primary Care Staff, HPEI Leaders, Nurse Practitioners, Physicians, Patient Family Partners
Primary Care Survey	Distributed throughout Health PEI	
Co-Design Workshops	2 completed; 2 to be completed	
Recommendations	Under development	

Key Design Themes

- Continuity of care
- Shared accountability and information sharing
- Standardized care processes
- Team role optimization

Next Milestone → Recommendations and proposed care model for leadership review.

Agency Staff Reliance

Current Challenges

- **Structural Dependence on Agency Staff:** Health PEI spent 43.8M on Agency Staff in 2026, increase since 2020.
- **Vacancy reconciliation required:** Savings from vacancies do not offset agency costs, and vacancy and position reconciliation is needed to confirm funded positions vs Operational need.
- **What is the problem:** Problem is multifaceted and requires analysis to determine the root cause(s) of the dependency and corrective actions.

How We'll Address Them

Data Gathering: *information will be compiled from Vacancy and Positions reconciliation, Staffing Ratios, key stakeholder and employee interviews, and other HR analytics data to enable a full understanding of the problem*

Measurement, Analysis, and Process Improvement: *evidence-based root cause analysis tools will be applied to enable effective process improvement, while being able to measure impact as we go*

Monitor and Sustain: *Metrics and KPIs will be identified and monitored on a regular basis to ensure that solution is working and continuing to work.*

Outcome: **Determine and address the root cause(s) of Agency staff reliance via an evidence-based methodology**

Workstream: Building the Foundation for Accountability & Excellence

Workstream Target:

To provide the structure and routines that create focus and alignment of priorities across Health PEI and enable a culture of continuous improvement

Create alignment to strategic priorities across the organization by building:

- Leadership styles and KPIs that cascade to all levels of the organization
- Capacity and capability through tailored training approaches for all staff
- Methodologies, tools, and routines for leaders to support continuous improvement, team accountability, and sustainability

The objectives will drive the way we work and ensure all staff understand their contribution to achieving Health PEI's strategy and are engaged to successfully meet organizational outcomes.

Workstream: Building the Foundation for Accountability & Excellence

Building Blocks

- **Strategic Plan KPIs/balanced scorecard** complete and in approval process
- **Team Value Commitment Charters** complete & planned for fall roll-out
- **Professional Impact & Development Program** (PIDP) piloted for excluded staff & enhancements underway for launch
- Enterprise **Learning Management System** piloting over fall for launch in early 2027
- **PDSA training blitz** & incorporation in Management Essentials Series, **LEADS training** continues in fall
- Integrated **Quality & Patient Safety Framework** being revised for Fall

People & Professional Practice(P&PP) Assessment

- P&PP completed portfolio assessment project with Ernst & Young end of March
- Received current state assessment and future state operating model recommendations to enhance service delivery model, address foundational gaps in policy, standard operating procedures, and controls

Final Edits & Approval in Progress (new & expired policies)	11
Review in Progress (new & expired policies)	12
Not Reviewed/Up for Review in 2026 (expired & expiring policies)	5
Proposed for Development (need-assessment underway)	22
Total Policies	50

Integrated Risk Management (IRM)

- IRM program implementation and risk register development underway
- IRM policy and framework being revised for fall/winter
- Strategic/organizational risks (7) identified by senior leadership end of March
- **Strategic/organizational risk assessment exercises** being held across summer and fall with HIROC support
- **Risk register population and preparation work for Board reporting** ongoing into fall/winter

Any Questions?

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

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