Building and Accelerating Implementation at Health PEI

Transformation Forum

March 11, 2025

Health PEI

How We Will Use Our Time

Agenda

01	Key Accomplishments	5 min
02	Workstream Deep Dives	35 min
03	Q&A	20 min

Session Objectives

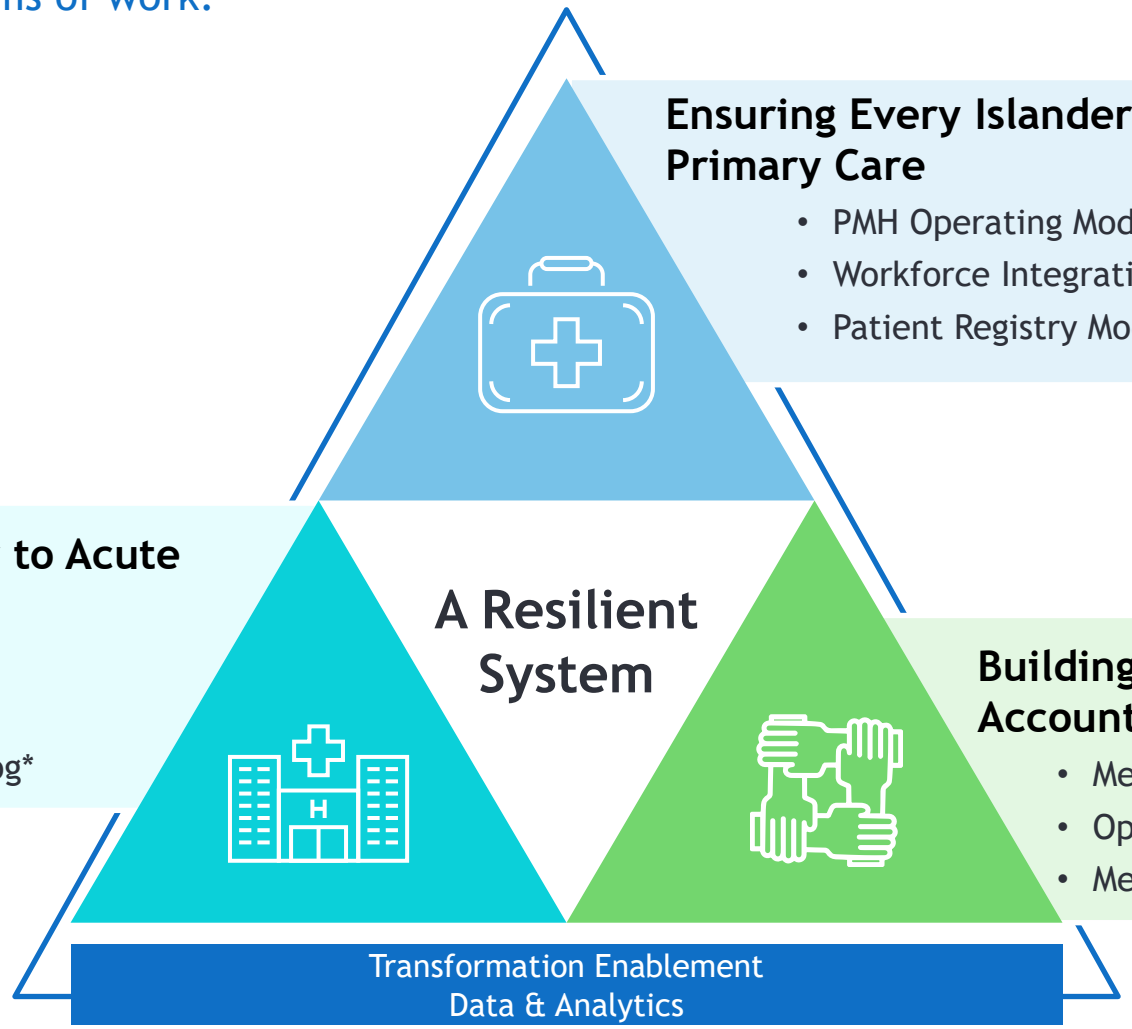
- ✓ Provide updates on progress to date and establish a path forward

01

Key Accomplishments

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.



Ensuring Every Islander has Access to Primary Care

- PMH Operating Model Maturity*
- Workforce Integration & Planning*
- Patient Registry Modernization

Improving Access & Flow to Acute Care Services

- Patient Access & Flow*
- Surgical Backlog*
- Diagnostic Imaging Backlog*

Building the Foundation for Accountability & Excellence

- Medical Leadership Model
- Operational Excellence*
- Medical School Learning Supports

*KPMG supporting workstream

Celebrating Successes

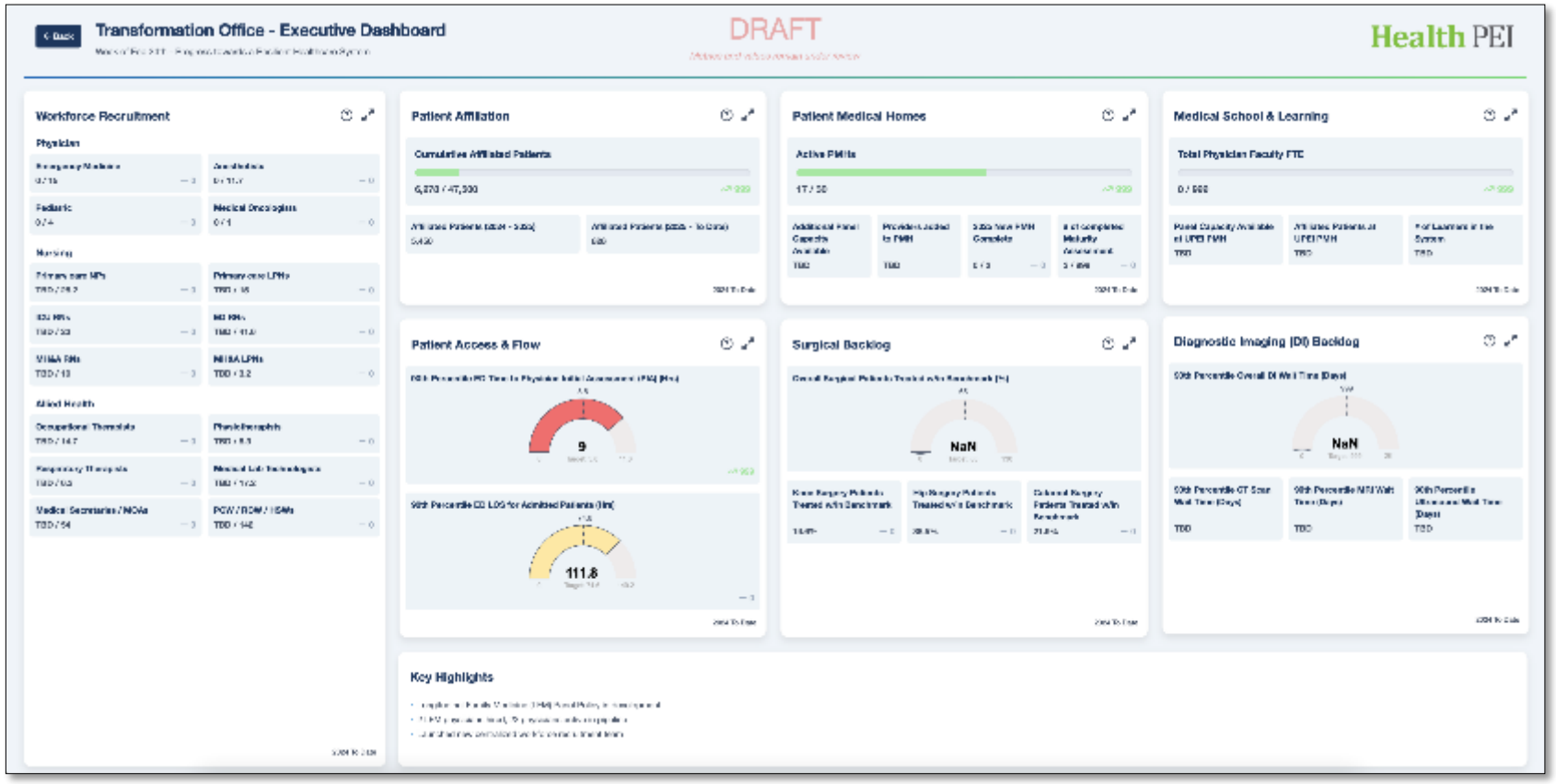
Kudos to the teams who worked on these projects!

The Patient Access and Flow WS kicked-off Discharge Rounds at PCH

The PMH WS Developed Maturity Assessment facilitation guide based on 3 PMH Maturity Model Pilot Assessments conducted

Dashboards

The TO Team are finalizing an Executive Dashboard for the TO workstreams that will support progress tracking and reporting.



NOTE: Dashboard still under development

We've accomplished a lot thus far!

	Patient Registry	Workforce Integration	Patient Medical Homes	Medical School Learning Support
Target	*Affiliate 50,000 Patients from the Prov. Patient Registry by 2027*	*Recruit 48 primary care providers and support roles over the next 2 years. Recruit remaining physician vacancies leveraging new recruitment apparatus*	*By 2027, reduce the number of unaffiliated patients by 50,000 (current + expected growth) through new and existing PMHs (approx. 30)*	*Ensure a customized learning health system for optimal health learning and training opportunities on the Island*
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02

Workstream Deep Dives

Workstream: Patient Registry Modernization

Progress To-Date

Key Accomplishments

- ✓ 6,661 Islanders affiliated to Primary Care from Jan 2024 to date, (1,211 affiliated YTD 2025)
- ✓ 6,201 patients inactivated from Jan 2024 to date
- ✓ Panel identification:
  - Patient Charts completed to date: 89%
- ✓ Collaborative affiliation:
  - Patient Affiliation from the Patient Registry Standard Operating Procedure is completed, streamlining the process to assigning patients to providers
  - Top Affiliation Opportunity list completed
  - Medical Affairs and Primary Care engaged to initiate
  - 2025 Affiliation Goal: 10,000 affiliated patients

Path Forward

Next Steps

- Patient Registry enhancements for March 31
  - Group email and the ability to have patients update their own information twice annually
  - Connections to EMR to identify if a new applicant is already affiliated
  - Unaffiliated patient engagement initiatives begin in April
- Collaborative Affiliation
  - Establish affiliation schedules with 10 providers by the end of March
  - Initiate Nurse Practitioner engagement for affiliation
  - Graphically illustrate the affiliation pathway to 50,000 patients

Key Risks & Decision Points

- Delay to enhanced interface with Provincial EMR due to existing TELUS priorities.
- Ability to efficiently update patient profiles due to anticipated timeframe to integrate a Portal to the Patient Registry

Patient Registry: Milestone Overview

Milestone	Month Due	Status	Lead
Data Integrity (Patient Registry automation) / Data Validation (Panel Identification process)	Prov. EMR Integration delayed (automation) Mar 31: Full project completion (Panel ID)	At risk	Kyle
Modernized patient registry	Mar 31: Enhancement implementation Apr 15 Unaffiliated patient engagement	At risk	Kyle
Patient Collaborative Affiliation Program	2025 Target: 10,000 patients Jan – Mar Goal: 2,500 patients Apr – Jun Goal: 3,000 patients	On track	Kyle

Workstream: Workforce Integration & Planning

Progress To-Date

Key Accomplishments

- ✓ Began interviews with candidates to fill 13 open recruitment team roles
- ✓ Hired new Manager, Recruitment Operations
- ✓ Presented new forum design and agenda for the transition command tables to the Medical Affairs Office
- ✓ Completed internal review of future state process maps for recruitment process optimization. Reviewed physician recruitment process with recruiters and MAO
- ✓ Drafted urgent plan for getting expressions of interest (EOI) to PEI residents

Path Forward

Next Steps

- Complete remaining interviews for sourcing, recruitment specialists, coordinators on new recruitment team
- Revise IEN and nursing process maps and RACI charts for recruitment process optimization
- Finalize 2025 events calendar
- Engage HPEI physician leadership for contacting residents/residency program
- Build out hires targets for Physician, Nursing, and Allied Health (current to 2027) - ongoing

Key Risks & Decision Points

- Team vulnerability due to staffing vacancies in recruitment team and ongoing transition work
- Delays to recruitment process optimization due to limited TO/recruitment team capacity
- Urgent EOI recruitment initiative requires re-prioritization of project activities

Workforce Integration & Planning: Milestone Overview

Milestone	Month Due	Status	Lead
People transition & change management	Feb 2025	Urgent	Seb (KPMG)
Recruitment process optimization	Mar 2025	Urgent	Licinia
ATS Implementation	Mar 2025	At-risk	Licinia
Transition recruitment command tables	Apr 2025	At-risk	Pape (Pico)
Asset transfers and integration	Mar 2025	On-track	Licinia
Incentive program transfers & integration	Mar 2025	At-risk	Pape (Pico)
CRM optimization	Mar 2025	On-track	Alex
Interim physician applicant tracker / dashboard / reporting	TBD	On-track	Alex
Recruitment operations supports	Ongoing	Urgent	Pape (Pico)

Update on Urgent Items:

- Bi-weekly Huddle with Workforce team
- Obtained locum support reach out
- Prioritized workflow reviews with recruitment team pods
- Gradual roll out of EOIs: 2nd Year PEI Residents, 1st Year PEI Residents, Residents captured in Zoho

Workstream: Patient Medical Homes

Progress To-Date

Key Accomplishments

- ✓ Panel ID: ~90% of records identified
- ✓ Conducted 3 PMH Maturity Model Pilot Assessments – Harbourside HC, Kinlock MC, and Cornwall-Crapaud
- ✓ Drafted and finalizing the Maturity Assessment facilitation guide
- ✓ Updated the PMH Implementation Playbook based on stakeholder input
- ✓ Conducted Implementation Playbook walk-through sessions for Queen Street PMH, UPEI PMH, and Cornwall PMH
- ✓ PMH Task Force is meeting weekly and using new tracker to update new and previous action items
- ✓ Reconciled self-reported staffing data with Peoplesoft HR records, accurately map positions to respective PMH within in their respective network.

Path Forward

Next Steps

- Complete Panel IDs
- Panel Policy and PSA Implementation
- Finalize and hand-off PMH Implementation Playbook
- Finalize and hand-off Maturity Assessment materials
- Support the PMH Provincial Plan hand-off

Key Risks & Decision Points

- Panel ID incomplete before PSA implementation
- Panel Policy and PSA implementation for Apr 1
- High staff turnover and vacancy rates within PMHs, including vacant medical leadership roles
- Continued challenges related to data quality and accuracy, although improvements have been made

Patient Medical Homes: Milestone Overview

Milestone	Month Due	Status	Lead
Understanding Capacity of Existing PMHs & PSA Implementation	Mar/Apr 2025	at-risk	Imran Sheikh, Kim Lawn
Operating Model Implementation	Mar 2025 (Model) Mar 2025 (KPIs)	on-track	Imran Sheikh
Playbook Implementation	Mar 2025, Ongoing	on-track	Imran Sheikh
Provincial Plan Implementation	Mar 2025, onging	at-risk	Imran Sheikh
Maturity Model and Assessments	Mar 2025	On-track	Imran Sheikh
Enablers	Ongoing	At-risk	Imran Sheikh

Update on Urgent Items:

- Set up PSA Implementation Pace Setting Meetings with representatives from the TO, Medical Affairs, and HR to track progress against the PSA Implementation Critical Path plan and address any risks/issues that may arise

Workstream: Medical School Learning Supports

Progress To-Date

Key Accomplishments:

- ✓ Health System Integration meetings continue between UPEI/MUN Regional campus partners and Health PEI: Discussed UGME pathway
- ✓ Held Med Ed Team meeting to review Health System Integration work to date and to review the Gap Analysis
- ✓ Created a framework for a workplan/next steps for the Med Ed Team as it relates to roles and responsibilities
- ✓ Met with Capital Planning and Professional Practice teams to discuss need for simulation space
- ✓ Continue to meet with Capital Planning, PMH, Medical Affairs, UPEI, and Med. Ed to discuss medical learners in the system. Sharing updated info and creating a system plan
- ✓ Conducted physician engagement session with Hospitalists (QEH/PCH) and Obs/Gyne (PCH)

Path Forward

Next Steps

- Continue to plan physician engagement sessions with IM, Psychiatry, Obs/Gyne (QEH)
- Participate in Health System Integration Meeting UPEI/HPEI to review potential future state for Med Ed "Clerkship"
- Seek a decision on Clerkship Model UPEI/MUN Regional Campus to assist in the development of student learning activities/planning
- Reach a decision on Renumeration Model as it pertains to Clinical Teaching/Renumeration Committee

Key Risks & Decision Points

- Physician Compensation: The Renumeration committee has made recommendations for non-clinical teaching year 1 and 2 and needs to be approved
- Physician Engagement: We will need to continually engage physicians as the Medical School planning continues
- There is limited infrastructure (physical) to support Medical Learners both in PMH and Acute Care. This can impact Physicians ability and desire to support Medical Students learning opportunities

MSLS: Milestone Overview

Milestone	Month Due	Status	Lead
Develop joint physician engagement plan	Feb 2025	On-track	Maribeth Ryan
Program Monitoring Plan	Feb 2025	On-track	Maribeth Ryan
Health System Integration Plan	Apr 2025	Ongoing, at-risk	Maribeth Ryan
Outline Faculty Compensation and Funding Plan	Mar 2025	Ongoing, at-risk	Maribeth Ryan
Infrastructure and Facilities Planning • Assessing the need for clinical space, learner space and housing accommodations to support medical learners during their placements. (PMH and UPEI FoM Building)	Mar 2025	Ongoing, at-risk	Maribeth Ryan

Workstream: Patient Access & Flow

Progress To-Date

Key Accomplishments:

- ✓ Conducted Future State LTC Placement Process Workshop
- ✓ Identified and validated 3-5 key “quick wins” that will support the implementation of the LTC future state placement process
- ✓ Supported development of the Access and Flow Executive Dashboard, ensuring consistent language and definitions of key metric's
- ✓ Conducted on-site workshop for Discharge Round design with PCH
- ✓ Launched Discharge Rounds at PCH on Surgical and Medicine Units on Mar 10, 2025

Path Forward

Next Steps

- Draft finalized LTC Placement Process Future State Map with clear roles and timelines between key tasks
- Develop materials and tools to support the 3-5 key “quick wins”
- Conduct on-site workshop for Discharge Round design with QEH
- Prepare key tools and supporting documents based on the outcomes of the Discharge Round workshop with QEH
- Monitor dashboard development and ensure data accessibility

Key Risks & Decision Points

- LTC / Community Care expansion efforts occurring in parallel to transformation efforts to streamline the LTC Placement Process Modernization
- Site level SWAT initiative ongoing in parallel at PCH and will be ongoing in parallel at QEH in the coming months which restricts availability of staff for unit-based approaches to tightening rounding/discharging
- Lack of HPEI resources to support select Steer-Co approved opportunities in the immediate future: focusing on top 3 milestones initially – there are 7 milestones in total

Workstream: Patient Access & Flow

Milestone	Month Due	Status	Lead
Simplify transition to LTC	Apr 2025	Ongoing, On track	KPMG,TO, Trevor Waugh, Crystal Praught (DHW Advisor: Christina Phillips) (Strategic Advisor: Andrew MacDougall)
Implement a home first strategy	Mar 2025	Ongoing, On track	TO, Donna Daniec, Crystal Praught (Strategic Advisor: Andrew MacDougall)
Reduce LOS by tightening rounding and discharge processes	Mar 2025	Ongoing, On track	KPMG, TO, Donna Daniec, Ken Farion
Strengthen and expand escalation/push protocol	Mar 2025	Ongoing, On track	Ken Farion
Maximize LTC capacity	N/A		TBD
Expand allied health coverage	N/A		Dylana Arsenault / Colin Hood
Leverage alternative options for the ED	N/A		Kim Lawn

Workstream: Surgical Backlog

Progress To-Date

Key Accomplishments:

- ✓ Presented updates and proposed guidelines to the Provincial Surgical Services Committee (PSSC) and QEH OR Committee
- ✓ Launched guidelines on Mar 10, 2025:
  - Booking Policy: Ensuring elective OR time is fully booked at least 2 weeks in advance.
  - OR Cuts and Offered Time: Transparent process to cut OR time due to staffing shortages and offer available time in an equitable manner.
  - Historical Booking Time: Consistent use of the historical procedure time to inform minimum scheduled duration.
- ✓ Drafted recommendations for the OR nursing staffing model
- ✓ Drafted ambulatory and outpatient expansion recommendations
- ✓ Supported dashboard development

Path Forward

Next Steps

- Support launch and monitor impact of proposed guidelines
- Continue developing staffing model and ambulatory / outpatient expansion recommendations by conducting field observations in OR
- Develop coordinated staff scheduling process and engage stakeholders to reduce incidences of OR cuts
- Draft proposed block scheduling review process and engage stakeholders to improve OR time allocation using data.
- Monitor dashboard development

Key Risks & Decision Points

- N/A

Workstream: Surgical Backlog

Milestone	Month Due	Status	Lead
Standardize procedures and guidelines	Apr 2025	Ongoing, on-track	Patrick, Cindy & Julie Support: Pieter
Draft model to assess block schedule effectiveness	Mar 2025	Ongoing, on-track	Patrick, Donna Support: Sara
Revised staffing model proposal	Apr 2025	Ongoing, on-track	Cindy, Julie Support: Sara
Ambulatory surgical guidelines and proposal for expansion	Apr 2025	Ongoing, at-risk	Patrick, Donna Support: Sara
Revise emergency case process	Apr 2025	Ongoing, on-track	Patrick, Donna Support: Sara
Recommendations for coordinated staff scheduling	Apr 2025	On-track	Daphne
Expand surgical capacity	N/A	On hold	Dylana
Centralized waitlist management	N/A	On hold	Dylana/TB

Workstream: Diagnostic Imaging Backlog

Progress To-Date

Key Accomplishments:

- ✓ Drafted staffing model to align operational capacity to patient demand and address backlogs
- ✓ Engaged team to develop the waitlist validation plan
- ✓ Received verbal approval for funding of MRI Siemens AI
- ✓ Moncton MRI partnership launched by DI department
- ✓ Supported dashboard development

Path Forward

Next Steps

- Finalize staffing model proposal
- Engage team to finalize waitlist validation plan; investigate funding for resource and accelerated implementation
- Develop implementation plan for the MRI Siemens AI and begin actioning the plan
- Continue to monitor and support dashboard development

Key Risks & Decision Points

- Decision: Waiting on ITSS approval for MRI Siemens AI (anticipated week of Mar 10)

Workstream: Diagnostic Imaging Backlog

Milestone	Month Due	Status	Lead
Revised staffing model proposal	Apr 2025	Ongoing, on-track	Gailyne MacPherson Support: Caroline
Waitlist validation process	Mar 2025	Ongoing, on-track	Gailyne MacPherson Support: Pieter & Caroline
Optimized scanning protocols	Jun 2025	Ongoing, on-track	Gailyne MacPherson & Mike Kilcup Support: Pieter
Support partnership to expand facility	Feb 2025	Ongoing, on-track	Gailyne MacPherson & Julie Sinclair
Centralized provincial queue management	N/A	On hold	Dylana / Treasury Board

Q&A

Any Questions?

Stay up to date with our SRC Page:

src.healthpei.ca/transformation-office

Health PEI

Appendix

Legend
- KPMG-focus (proposed)

Access & Flow: Overview of Potential Opportunities

	Opportunity
1	**Expanded Home First Strategy:** HomeFirst Strategy to shift more discharges towards home with expanded supports.
2	**Simplify Transition to LTC:** This may include adding resources, expanding eligibility, reducing delays from review committee, etc.
3	**Maximize LTC Capacity (out-of-scope):** This may include exploring new models of care, providing enhanced training & supports, expanding bed capacity, refining financial incentives, etc.
4	**Reduce LOS by Tightening Rounding & Discharge Processes:** Standardize and increase rigor and frequency of multidisciplinary discharge-focused discussions (e.g., enforce EDD, offer transportation, enforce 11AM target discharge, etc.).
5	**Expand Allied Health Coverage:** Ensure consistent staffing and weekend availability of allied health professionals to reduce deterioration and delays to discharge.
6	**Strengthen & Expand Escalation / Push Protocol:** This can include roll-out at PCH, ensure readiness for hallway patients in Medicine.
7	**Leverage Alternative Options for the ED:** Implement telemedicine services and community-based clinics to connect patients with emergency medical professionals for non-life-threatening issues.

*Source: P.E.I. announces funding for 54 new long-term care beds, with bed fees to rise 29% | CBC News

Legend
■ KPMG-focus (proposed)

Surgical Backlog: Overview of Potential Opportunities

	Opportunity
1	**Standardize Procedures and Guidelines:** Establish guidelines for sequencing of cases, OR cuts/cancellations, timely booking elective cases, and historical booking time duration.
2	**Optimize Block Schedule Review Process:** Use a data-driven approach to facilitate review of OR time allocation to surgical specialties based on patient need, while minimizing equipment and resource conflicts.
3	**Optimize Staffing Model:** Explore staffing model alternatives to enable staff to work to full scope of practice and improve workflow through additional roles (i.e., clinical extenders, OR techs, anesthesia assistants).
4	**Expand Ambulatory Surgery Procedures:** Shift procedures from inpatient to outpatient where possible.
5	**Optimize Access for Emergency Cases:** Revise the process for emergency cases, including priority level definitions and procedures for scheduling.
6	**Coordinate Staff Scheduling:** Ensure allocation and scheduling of anesthesia and nursing is coordinated to optimize efficient patient flow.
7	**Explore Options to Expand Surgical Capacity:** Increase surgical capacity through increased hours of operations (i.e., funded OR hours, blitzes) and partnerships for specific procedures.
8	**Waitlist Management:** Ensure centralized digital waitlist management is in place to prioritize patients based on the urgency of their procedure.

Legend
■ KPMG-focus (proposed)

DI Backlog: Overview of Potential Opportunities

	Opportunity
1	**Optimize Staffing Model:** Explore staffing model ratios and alternatives to build in interdisciplinary redundancies for anticipated workforce fluctuations and reductions.
2	**Waitlist Validation:** Clean up the waitlist removing patients who no longer require diagnostic imaging (e.g., received imaging elsewhere, moved out of province, received an intervention, etc.).
3	**Optimization of Scan Protocols:** Optimize MRI scan protocols to reduce exam durations .
4	**Partnerships to Expand Capacity:** Explore partnerships with other provinces and private imaging clinics to help clear the backlog.
5	**Provincial Queue Management:** Centralized intake to manage DI requisitions, ensuring equitable distribution of resources and clear insights into wait times.