



Building and Accelerating Implementation at Health PEI



Transformation Forum

October 27, 2025

Health PEI

How We Will Use Our Time

Agenda

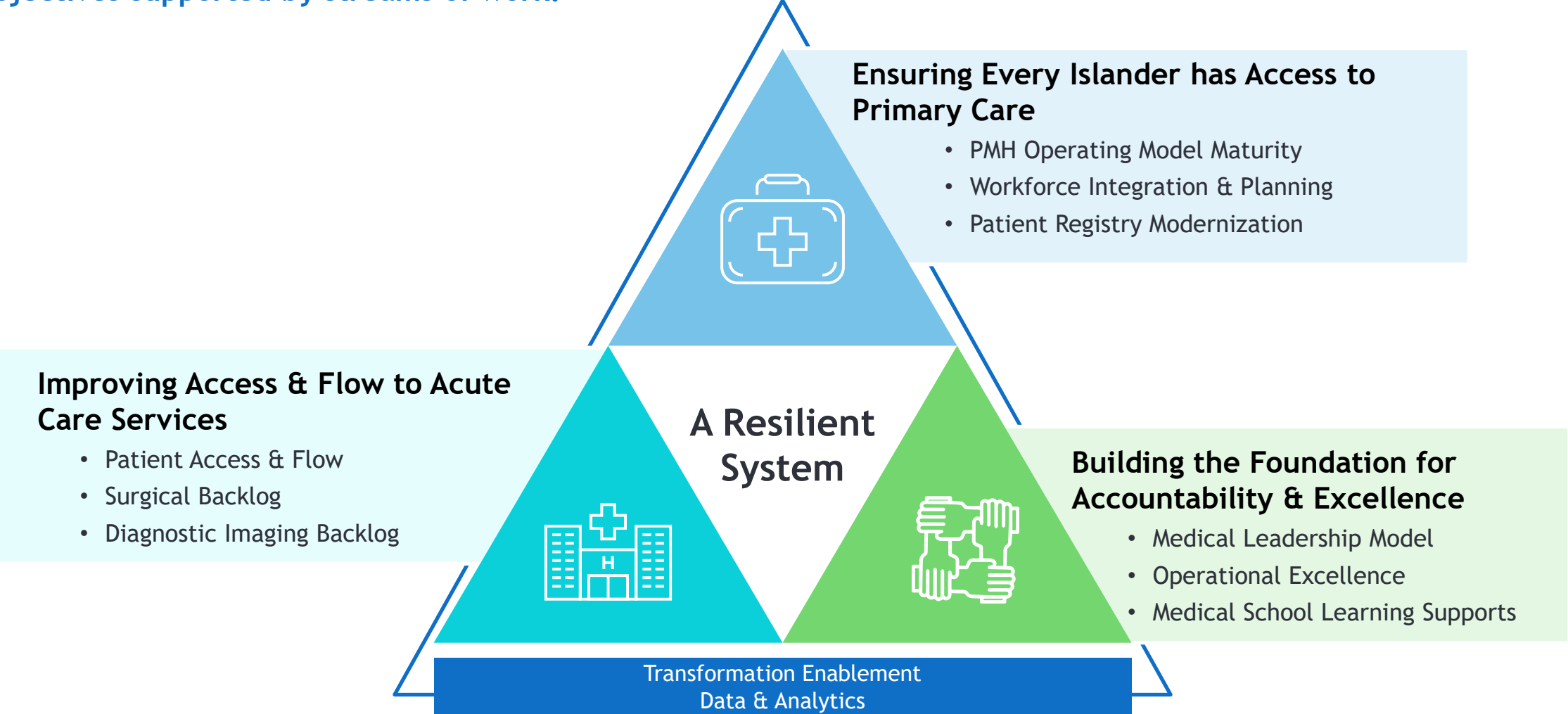
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|-----------|---------------------|--------|
| 01 | Key Accomplishments | 40 min |
| 02 | Q&A | 20 min |

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 **31 new physicians** as of October 27, 2025



The PMH at UPEI: Open and operational



All three Diagnostic Imaging modalities, saw **increases in volumes** from Jul-Sept 2025 compared to Jul-Sept 2024: **CT -> 11%, MR -> 32%, US -> 19%**

What we've accomplished lately

	Patient Registry	Patient Medical Homes (PMHs)	Workforce Recruitment	Medical School Learning Support
Target	Affiliate 10,000 Patients from the Provincial Patient Registry in 2025	By 2027, reduce the number of unaffiliated patients by 50,000 (current + expected growth) through new and existing PMHs (approx. 30)	Recruit 48 primary care providers (FTE) and corresponding support roles by year end 2026. Recruit remaining physician vacancies leveraging new recruitment apparatus.	Ensure a customized learning health system for optimal health learning and training opportunities on the Island
Key Accomplishments	✓ Jan 1 - Sept 30, 2025 Affiliation: 6,596 ✓ Successful launch of the complete CRM based Provincial Patient Registry ✓ Physician Affiliation meetings are being scheduled and occurring ✓ 'Update My Info' Patient Outreach program for registered, unaffiliated patient outreach has started and those who enrolled prior to 2022 have received messaging ✓ Over 60% of those contacted completed their 'Update My Info' online form within days of receipt	✓ Active PMHs: 18 ✓ PMH Maturity Assessments: 9 completed, 3 additional assessments scheduled ✓ The PMH at UPEI: Open and operational with infrastructure, EMR, and staff in place; initial patient onboarding underway ✓ PMH Recruitment: Continuing to highlight critical PMH vacancies at the physician, nursing, and allied health recruitment roundtables to ensure hiring aligns with site needs	✓ Hired 31 new physicians YTD as of Oct 27th ✓ 15.0 FTE primary care providers hired since Jul 2024 (8.0 LFM, 7.0 NP) ✓ Successful launch of Workforce Recruitment Daily huddles ✓ Launched a new physician EOI Package and sent to 201 LFM leads following events: 11 engaged so far ✓ Social Worker discovery workshop completed with Allied Health recruitment pod	✓ We continue to collaborate and discuss future Health system integration requirements with MUN Regional Campus at UPEI around future placements of medical learners ✓ The Medical Education Team is reviewing workflows to streamline teams' approach to medical education ✓ Capital Planning has completed J-scans of PMH, Specialty Clinics and other non-PMH sites to determine availability for medical learners across physician offices
Upcoming Activities	• Conduct physician meetings who are below the mediation agreement affiliation target • Establish affiliation schedules for each to systematically bring them up to mediation agreement affiliation target • Continue unaffiliated patient outreach to ensure existing household information is up to date • ITSS transition from Development Team to Operational Support on October 31	• Finalize and launch PMH Communication Plans including website updates, marketing strategies, and public engagement initiatives • Complete and schedule remaining Maturity Assessments • Continue applying PMH Implementation Playbook: UPEI PMH (Oct 2025), Charlottetown PMH (Mar 2026), Summerside CHC (Q4 FY25/26)	• Complete NP Recruitment Pack • Draft strategic canvas for LFM recruitment w/ Medical Affairs • Finalize Huddle board design & fully transition to Workforce Recruitment team • Draft analytics dashboard for physician recruitment, including process performance metrics • Complete draft for Phase 1 dashboard that provides clear business intelligence of Health PEI's workforce	• Continue working as a HPEI Med Ed team on improving the Web Page for Medical Education students • Create a clear written profile of space for medical learners in acute care • Schedule a meeting with the MUN Regional Campus team to review next steps regarding clerkship model

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
Key Accomplishments	✓ Provincial ED Time to Physician Initial Assessment is 7.53 hours (July- Sept). Target is 5.8 hours. Percentage of ALC Patient Days for patients coded as ALC is 29.90% (July-Sept). Target is 15%. ✓ Consistent improvement in the Time Waiting for an Inpatient Bed (TWIB) 90th percentile metric at PCH - 141.32 hours vs. 62.09 hours (Sept 2024 vs Sept 2025). ✓ TO co-facilitated a Discharge Planning Workshop for Nurse Managers, Clinical Leads, Nurse Educators, Discharge Planners, and Quality/Patient Safety on Oct 17. ✓ Finalized the transition of the LTC Application Process QEH from SW to the HCL team, which was completed in a phased roll-out approach Sept 8 - Oct 6.	✓ Doubling of Same Day Discharges on scheduled days in the first 4 week of the hip and knee pilot program ✓ Launched the Revised Emergency Case classification (QEH & PCH) ✓ Gathered data for first full cycle of the block schedule review process ✓ Presented data about emergency time utilization at PSSC ✓ Prepared draft list of candidate procedures for the lower sedation procedure pilot ✓ Emergency cases are being completed during the day, 3 days per week, using resources formally assigned to eyes, but below elective block utilization	✓ All three modalities saw increases in volumes from Jul-Sept 2025 compared to Jul-Sept 2024 • CT -> 11%, MR -> 32%, US -> 19% ✓ Launched pilot for Dual-trained Technologists at PCH between Gen Rad-CT ✓ Two incoming hires each in MRI and US between Nov 2025 and Jun 2026 ✓ Short term: Given the backlog preparing a blitz short-term plan for ultrasound ✓ Longer-term: Engaged WF Rec team and Seeking new staffing pathways, have begun engaging with Mohawk College about online programs for Gen Rad and US ✓ Begun the revision of DI scheduling and waitlist management SOPs	✓ Continued working on the Executive Dashboard and Workstream Initiative Dashboards ✓ Supported regular internal and external communications ✓ Established weekly meeting cadence with Operational Excellence Workstream Executive Sponsor and Lead and Building Block Sponsors and Leads ✓ Developed 5 Operational Excellence Workstream Building Block Charters
Upcoming Activities	• Launch Discharge Rounds at Community Hospitals in Nov/Dec 2025, in alignment with Patient Flow introduction of the SAFER-s Model & SWAT. • Working with operational partners to confirm the Complex Patient Description & Pathway for the LTC Admission, Transfer, and Placement Policy & Procedure. • Identifying Unit-Based Home First Philosophy Champions and finalize implementation plan w Comms.	• Support the first block schedule review meeting and the subsequent PSSC meeting where recommendation will be reviewed • Implement the emergency block structure and development methodology for incorporating into the block schedule review process • Complete consultations and planning for low sedation procedures pilot including logistics, and training requirements	• Finalize draft plan for a US blitz (short-term increase to capacity) with extended hours • Follow-up with the sonographer students that have expressed interest in returning to PEI • Advance dual-training pilot at QEH • Continue with the revision of SOPs • Begin planning Transition to Operations playbook	• Continue supporting regular internal and external communications • Continue development of workstream initiative dashboards • Pivot Workstream planning for OpEx with Sponsors and Leads to root objectives in affiliation work and focus on strategic priorities around primary care

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

- ✓ Jan - Sept Affiliation: 6,596
- ✓ All components of the Affiliation process are implemented and working as designed in the CRM based Provincial Patient Registry
- ✓ All physician engagement requests have been distributed
- ✓ Physician Affiliation meets are being scheduled and are occurring
- ✓ Patient Registry team is reaching out to physicians to inquire as to willingness to affiliate additional patients into their practice
- ✓ 'Update My Info' is the unaffiliated patient outreach program for those currently registered with the Patient Registry. We have contacted those who registered prior to 2022, a total of 8,614
- ✓ Over 60% of patients contacted have completed the Update Request within 30 days

Path Forward

Next Steps

- New physicians to have initial panel size and monthly pace established before start
- Establish the engagement parameters for Nurse Practitioners and affiliation outreach
- Conduct physician meetings who are below the mediation agreement affiliation target
- Establish affiliation schedules for each to systematically bring them up to mediation agreement affiliation target
- Continue unaffiliated patient outreach to ensure existing household information is up to date
- ITSS transition from Development Team to Operational Support on October 31

Key Risks & Decision Points

- Collaborative patient affiliation has not progressed as planned which could impact our plan to affiliate most islanders by 2027
- Medical Affairs led physician engagement for affiliation to those identified as under the Mediation Agreement Panel Target is underway but is slow to progress

Patient Registry: Milestone Overview

Milestone	Month Due	Status	Lead
Modernized & Automated Patient Registry	August 2025	On Track	Kyle
Establish Patient Registry as a Source of Truth for registered, unaffiliated patients	October 2025	On Track	Kyle
Patient Affiliation Trajectory	By 2026: 10,000 By 2027: 50,000 Jan - Mar: 2,022 Apr - Jun: 3,350 Jul - Sept: 1,224 Oct - Dec:	At - Risk	Kyle

Workstream: Patient Medical Homes (PMHs)

Progress To-Date

Key Accomplishments

- ✓ Active PMHs: 18
- ✓ Completed 9 PMH Maturity Assessments and have 3 more scheduled to create site-specific and system-wide advancement plans
- ✓ The South Shore (Crapaud) PMH Implementation Playbook is complete
- ✓ The PMH at UPEI: Open and operational with infrastructure, EMR, and staff in place; initial patient onboarding underway
- ✓ Ongoing playbook updates sessions scheduled
- ✓ PMH Task Force continues to meet biweekly to track implementation across Capital Planning, Workforce, Medical Affairs, Primary Care, and other areas
- ✓ Continuing to highlight key PMH vacancies at recruitment roundtables and regular check-ins with Workforce Recruitment workstream

Path Forward

Next Steps

- Continue applying PMH Implementation Playbook to upcoming new PMHs: UPEI PMH (Oct 2025), Charlottetown PMH (Mar 2026), Summerside CHC (Q4 FY25/26)
- Upcoming PMH Expansions (FY25/26): Gulf Short (Dec 2025), Cornwall (Q4 Jan-Mar)
- Finalize and launch PMH Communication Plans, including website updates, marketing strategies, and public engagement initiatives
- Schedule and complete remaining Maturity Assessments
- Queens region survey to go out to non-affiliated households to engage feedback on design of future care services
- Create a database on the size of each PMH, the total number of providers, the total staff, actual vs. FTE's and the number of pts affiliated

Key Risks & Decision Points

- Delayed patient affiliation and PMH openings due to operational delays
- Delays in the PMH at UPEI due to potential future recruitment challenges
- Operational delays if construction delays occur

Patient Medical Homes: Milestone Overview

Milestone	Month Due	Status	Lead
Operating Model Implementation	Fall 2025	On-track	Imran Sheikh, Andrew Sweet
Playbook Implementation & Application	Ongoing	On-track	Imran Sheikh, Andrew Sweet
Provincial Plan Implementation	Ongoing	At-risk	Imran Sheikh, Andrew Sweet
Enablers	Ongoing	On-track	Imran Sheikh, Andrew Sweet

Workstream: Workforce Integration & Planning

Progress To-Date

Key Accomplishments

- ✓ Hired 31 physicians YTD, as of Oct 27th
- ✓ 15.0 FTE new primary care providers hired (8.0 LFM, 7.0 NP) since July 2024
- ✓ 3 Outstanding offers (Laboratory, Hospitalist, Psychiatry)
- ✓ Added 435 physician leads from ZoomInfo to date
- ✓ Revised Physician Expression of Interest (EOI) package
- ✓ Post-AAFP Conference EOI campaign - 118 leads
- ✓ Post-CaSPR London Career Expo EOI campaign - 83 leads
- ✓ Successful launch of Workforce Recruitment Daily huddles
- ✓ Social Worker discovery workshop completed with Allied Health recruitment pod
- ✓ Trialed Zoho Analytics to build dynamic dashboards for each portfolio starting with physician recruitment, including process performance metrics
- ✓ Confirmed initial scope + phased approach of Workforce Dashboard with CEO that provides clear business intelligence of Health PEI's workforce

Path Forward

Next Steps

- Draft strategic canvas for LFM recruitment w/ Medical Affairs
- Transition Physician Pace Setting meetings + reports to interim Manager, Physician & Locum Recruitment
- Draft analytics dashboard for physician recruitment, incl. process performance metrics
- Draft a Social Worker recruitment plan
- Draft NP EOI/recruitment pack
- Draft NP Recruitment Results Report
- Initiate primary care recruitment-specific meetings & plan
- Finalize Huddle board design + Facilitator Guide / fully transition to Workforce Recruitment team
- Workforce Recruitment Daily Huddle w/ Minister's Office - Oct 31
- Draft Phase 1 of Workforce Dashboard (current snapshot of workforce)

Key Risks & Decision Points

- Inconsistent / limited access to Nursing & Allied Health competition / candidate data in PeopleSoft
- CRM email integration for managing lead engagement

Workforce Integration & Planning: Milestone Overview

Milestone	Month Due	Status	Lead
Advanced Physician Recruitment	Dec 2025	At-risk	Pico
Advancing Nursing, Allied Health and Support Staff Recruitment	Dec 2025	At-risk	Alex H.
Advancing PMH Recruitment	Dec 2025	At-risk	Pico
Recruitment Enablers	Dec 2025	At-risk	Alex G.
Health PEI Workforce Dashboard	Dec 2025	At-risk	Alex G.

Physician Hires YTD , as of Oct 27th

Provincial Department	2025 Hires YTD	2025 Hires Target
Anesthesia*	1	4
Diagnostic Imaging	0	2
Emergency Medicine*	3	6
Family Medicine & Focused Practice*	6	17
✓ Hospitalists	5	4
Laboratory	0	2
Medicine	5	6
✓ Mental Health & Addictions	5	5
Obstetrics & Gynecology	0	2
Oncology*	1	2
Pediatrics*	3	5
✓ Seniors and Supportive Care	1	1
Surgery	1	4
Total	31	60

Workstream: Medical School Learning Supports

Progress To-Date

Key Accomplishments:

- ✓ Physician Faculty Appointments for the MUN Regional Campus continue to rise.
- ✓ Medical Education welcomed a New Manager Daniel MacLeod to the team.
- ✓ We continue to collaborate and discuss future Health system integration requirements with MUN Regional Campus at UPEI around future placements of medical learners
- ✓ The Medical Education Team is reviewing workflows to streamline teams' approach to medical education
- ✓ Completed the Capital planning space planning survey across all non PMH sites to identify space requirements for medical learners.

Path Forward

Next Steps

- Continue to assist the HPEI Med Ed team with the concept for their new Web Page.
- Schedule a meeting with the MUN Regional Campus team to review next steps regarding clerkship model
- Create a clear written profile of space for medical learners in acute care

Key Risks & Decision Points

- There may be some tasks which may require shifting responsibilities within HPEI as we advance health system planning on clerkship model
- Physician engagement is key and having remuneration language is important. We are waiting on decisions regarding physician remuneration
- Infrastructure Planning for medical learners continues to evolve as there are many stakeholders needing to be involved in this planning.

MSLS: Milestone Overview

Milestone	Month Due	Status	Lead
Physician Engagement Plan	Ongoing	On-track	Maribeth Ryan
Remuneration Plan	Ongoing	On-track	Maribeth Ryan/DHW
Health System Integration Plan	November 2025	At-risk	Maribeth Ryan / Daniel
Faculty Compensation and Funding Plan	December 2025	At-risk	Maribeth Ryan
Infrastructure and Facilities Planning	October 2025	At-risk	Maribeth Ryan

Workstream: Patient Access & Flow

Progress To-Date

Key Accomplishments:

- ✓ Continued Discharge Rounds at PCH on Surgery/Restore/Med Units & at QEH on Units 1, 2, 3, 8, and Prov Stroke Unit.
- ✓ TO co-facilitated a Discharge Planning Workshop for Nurse Managers, Clinical Leads, Nurse Educators, Discharge Planners, and Quality/Patient Safety on Oct 17.
- ✓ Finalizing decision/escalation pathways based on feedback from workshops for front-line staff for our complex patient populations in Acute Care.
- ✓ Facilitated five key stakeholder Focus Groups in Sept/Oct re: new LTC Admission, Transfer and Placement Policy and Procedure for consultation and socialization.
- ✓ Finalized the transition of the LTC Application Process from SW to the HCL team, which was completed in a phased roll-out approach beginning Sept 8 - completed as of Oct 6.
- ✓ Continued to work with Communications to create scripts, messaging, and posters regarding the Home First Philosophy for both internal and external audiences, in preparation for phased roll-out. Home First Philosophy has been socialized with front-line staff in Acute Care through Discharge Planning workshops.

Path Forward

Next Steps:

- Launch Discharge Rounds at Community Hospitals (WH, CHO, SH, KCMH) in Nov/Dec 2025, in alignment with Patient Flow introduction of the SAFER-s Model & System Workflows and Tactics (SWAT) Table.
- Continue to work with Medical Leadership to engage Physicians/Hospitalists in Discharge Planning/Patient Transitions and Home First Philosophy discussions through presentations.
- Working with operational partners to confirm the Complex Patient Description & Pathway - to be embedded in new procedure within the LTC Admission, Transfer, and Placement Policy & Procedure.
- Identifying Unit-Based Home First Philosophy Champions in Acute Care and finalizing implementation plan and launch date w Comms.

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.
- Concerns due to various Discharge Planning initiatives going on in parallel (e.g., Discharge Rounds, SWAT/Daily IAB & LTC Huddles) at QEH, as well as lack of defined processes and education surrounding Discharge Planning.
- TO team continues to focus strategically on the top three milestones in this workstream, including Home First Philosophy, Discharge Planning processes, and Streamlining Transitions to LTC from Acute Care.

Workstream: Patient Access & Flow

Milestone	Month Due	Status	Lead
Implement Unit-Based Discharge Planning Solutions •Launch Discharge Planning Solutions (PCH) (Mar) (Complete) •Launch Discharge Planning Solutions (QEH) (August) (Complete) •Launch Discharge Planning Solutions (Community Hospitals) (Nov/Dec)	Nov/Dec 2025 (Discharge Planning Solutions - Rural Hospitals)	At-Risk	Maribeth Ryan / Bailey Jackson / Morolake Kunlere Donna Daniec / Ken Farion
Reduce LOS by Tightening Discharge Processes •Discharge Planning Workshops at QEH (Sept/Oct) •Discharge Planning Workshops at PCH (Nov/Dec) •Reduce LOS (non-ALC) for patients discharged without support (On-Going)	Sept - Dec 2025 (Discharge Planning Workshops)	At-Risk	Maribeth Ryan / Bailey Jackson / Morolake Kunlere Dylana Arsenault / Ken Farion
Simplify Transition to LTC •Review / Prioritize LTC Placement Modernization Recommendations (Feb) (Complete) •Develop Implementation Plan (Nov) •Initiate Recommendations / Launch Implementation (Pending Approval)	November 2025	At-Risk	Maribeth Ryan / Bailey Jackson Trevor Waugh / Crystal Praught
Implement a Home First Strategy •Develop “Home First” Philosophy / Guiding Principles (Feb) (Complete) •Develop “Home First” Implementation Plan (Fall 2025) •Implement “Home First” Philosophy (Fall 2025)	Fall 2025	At-Risk	Maribeth Ryan / Bailey Jackson / Morolake Kunlere Donna Daniec / Crystal Praught
Maximize LTC Capacity	January 2026	On Hold	Andrew MacDougall / Trevor Waugh
Expand OT/PT Coverage •Develop 7-day Model •Develop a Recruitment and Development Strategy			Dylana Arsenault / Colin Hood
Leverage Alternative Options for the ED •Options Analysis and Feasibility Assessment •Develop Implementation Plan			Kim Lawn

Workstream: Surgical Backlog

Progress To-Date

Key Accomplishments:

- ✓ Doubling of Same Day Discharges on scheduled days in the first 4 week of the hip and knee pilot program
- ✓ Revised Emergency Case classification has been launched at QEH and PCH
- ✓ Gathered data for the first full cycle of the block schedule review process
- ✓ Presented data about emergency time utilization at PSSC
- ✓ Understanding current staff allocation and roles/responsibilities and drafted a revised staffing model
- ✓ Prepared draft list of candidate procedures for the lower sedation procedure pilot
- ✓ Emergency cases are being completed during the day, 3 days per week, using resources formerly assigned to eyes, but well below elective block utilization rate

Path Forward

Next Steps

- Facilitate and support the first block schedule review meeting and the subsequent PSSC meeting where recommendations will be reviewed.
- Review progress and consider additional operational measures to maximize utilization
- Emergency Block Structure
 - Finalize plan and share with surgical services
 - Begin implementation into the scheduling system
 - Develop a methodology for emergency blocks in the block schedule review process
- Validate shortlist of possible lower sedation procedures with working team
- Begin implementing preparatory work for lower sedation pilot launch
 - Staff training and scheduling
 - Patient scheduling
 - Facilities and equipment preparation

Key Risks & Decision Points

- Participation by some specialties to conduct emergency cases during the emergency blocks and anesthesia availability is requiring a mitigation plan to be developed
- Slow hiring into vacancies is delaying the implementation of staffing model recommendations

Workstream: Surgical Backlog

Milestone	Month Due	Status	Lead
Standardize procedures and guidelines	March 2025, Ongoing	On-track	Donna, Patrick
Draft model to assess block schedule effectiveness	Sept-Nov 2025	On-track	TO
Revised staffing model proposal	June 2025, Ongoing	At-risk	Donna, Jess
Lower sedation surgical guidelines and proposal for expansion	Sept 2025	At-risk	TO, Donna
Total joint replacement same day discharge pilot	Sept 2025, Ongoing	On-track	Jennifer, TO, Donna
Revise emergency case process	Sept 2025	At-risk	TO, Johan
Coordinated staff scheduling	May 2025, Ongoing	On-track	Donna, Cindy
Expand surgical capacity	RFI Issued Re-evaluation Sept 2026	On-track	Chris / Dylana
Centralized waitlist management	Awaiting TB Decision	On-track	Chris / Dylana / Kim

Workstream: Diagnostic Imaging Backlog

Progress To-Date

Key Accomplishments:

- ✓ Launched pilot schedule for dual-trained Technologists at PCH between Gen Rad-CT
- ✓ Have two incoming hires each in MRI and US between Nov 2025 and Jun 2026
- ✓ Short term: Given the backlog, preparing a blitz short-term plan for ultrasound
- ✓ Longer-term: Seeking new staffing pathways, have begun engaging with Mohawk College about online programs for Gen Rad and US
- ✓ Met with workforce recruitment team to begin collaborating more closely regarding DI staff hiring and retention strategies
- ✓ Begun the revision of DI scheduling and waitlist management SOPs

Path Forward

Next Steps

- Finalize draft plan for a US blitz (short-term increase to capacity) with extended hours and additional staffing
- Follow-up with the students that have expressed interest in returning to the Island as sonographers
- Advance dual-training pilot at QEH
- Continue communication with Mohawk College and investigate pathways for future staff
- Continue the revision of schedule and waitlist management SOPs
- Begin planning the Transition to Operation playbook

Key Risks & Decision Points

- Vacant positions and staff leaves are delaying the clearing backlogs

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

Workstream: Diagnostic Imaging Backlog

Milestone	Month Due	Status	Lead
Revised staffing model proposal	May 2025, Ongoing	At-risk	Julie / Sabrina
Optimized Waitlist validation process	Initial Validation March - July Maintenance November - onwards	On-track	TO / Sabrina
Optimized scanning protocols	July 2025, Ongoing	On-track	Pieter
Support partnership to expand capacity	February 2025, Ongoing	At-risk	TO / Julie / Chris
Centralized provincial queue management	Implementation Kickoff Late 2026	On-track	Chris / Dylana / Kim
Transition to Operations	Jan 2026	On-track	TO