



Building and Accelerating Implementation at Health PEI

Transformation Forum

December 8th, 2025

Health PEI

How We Will Use Our Time

Agenda

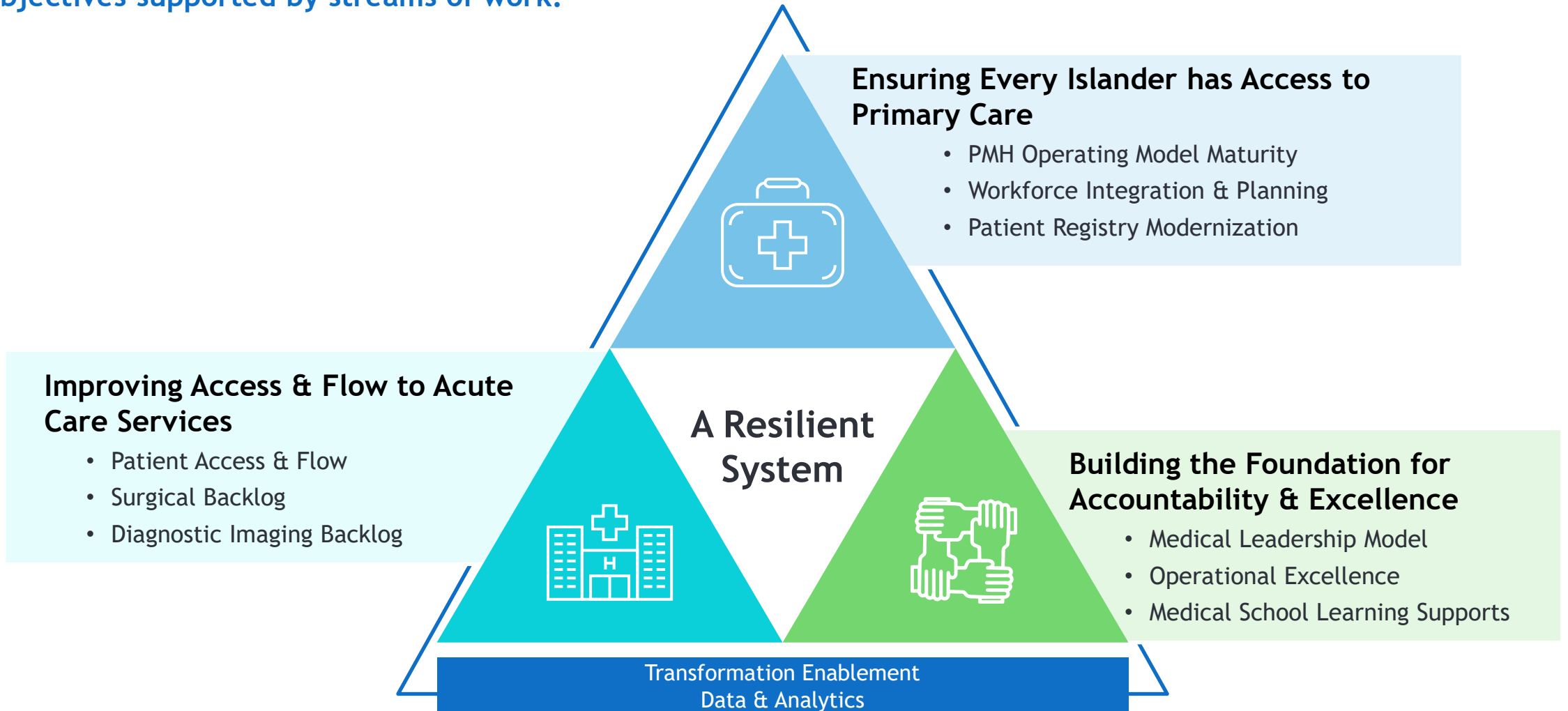
01	Key Accomplishments	40 min
02	Q&A	20 min

Session Objectives

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

Our Transformation Framework

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





01

Key Accomplishments



Celebrating Successes

Kudos to the teams who worked on these projects!



Hired **37 new physicians** as of December 1st, 2025



Waitlist sizes for **MRI and US** have been **reduced by 10% and 11%** respectively since August 2025



Held the **first Organizational Excellence Status Update and Pulse Checks** to connect with key interest holders and discuss path forward

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.	In 2027 ensure a learning health system for optimal health learning and training opportunities on the Island for our Medical learners.
Key Accomplishments	<ul style="list-style-type: none"> ✓ Jan 1 - Nov 30, 2025 Affiliation: 8,495 ✓ 'Update My Info' Patient Outreach program for registered, unaffiliated patient outreach has started and those who enrolled prior to 2023 have received messaging, a total of 8,614 ✓ ITSS transition from Development Team to Operational Support ✓ Panel Maintenance transitioned to Primary Care ✓ 14 affiliation schedules have been established with providers, recently 	<ul style="list-style-type: none"> ✓ Active PMHs: 18 ✓ PMH at UPEI launched successfully with media coverage and patient affiliation underway ✓ Survey on care preferences emailed to ~11,000 Queens region PPR patients with an email on file, generating 2,742 responses (~25% response rate) ✓ PMH Maturity Assessments: 14 completed, 2 more scheduled by 2026 ✓ Primary Care Leadership Day held to align activities with HPEI's strategic direction ✓ PMH Website content updated 	<ul style="list-style-type: none"> ✓ Hired 37 new physicians YTD (Dec 1st) ✓ 15.0 FTE primary care providers hired since Jul 2024 (8.0 LFM, 7.0 NP) ✓ Created new Physician Recruitment Package and sent to 93 residents ✓ Measured 2025 conversion rates and Days-to-Hire for Physician recruitment ✓ Social Work Pilot Project started - allows us to apply efficiency and reporting improvements to all Allied Health ✓ Completed NP Recruitment Package and issued to 17 NP graduates: 10 EOIs received to date ✓ NP pipeline view in dashboard established and ready for updates 	<ul style="list-style-type: none"> ✓ UPEI and HPEI have conducted a Health system review as it relates to Med Ed - to review current state and future state to ensure role clarity between both organizations ✓ Now that Clerkship decision has been made, we have asked MUN/UPEI regional Campus colleagues to set up final mapping exercise ✓ Seeking feedback regarding Y3&4 for TB memo for clinical and non-clinical teaching hours MUN Regional Campus ✓ TO has transitioned most of the operations to Daniel McLeod, Manager Medical Education
Upcoming Activities	<ul style="list-style-type: none"> • All Patient Registry Applicants from 2023 to 2024 to be contacted for updating information • Finalize the transition of Day-to-Day Registry operations including affiliation schedules, update information outreach, database management, SOPs - to the Manager, Virtual Care • Complete feature in PPR CRM to collapse duplicated contacts with a merge solution 	<ul style="list-style-type: none"> • Evolving the PMH model from lessons learned at the PMH at UPEI • Continue PMH Implementation Playbook workshops: Gulfshore, Summerside CHC, Hillsborough CHC, Charlottetown PMH, and Cornwall PMH • Aligning data, reporting, and milestone tracking with HPEI's strategic priorities • Continuing to highlight critical PMH vacancies at regular check-ins with WFR 	<ul style="list-style-type: none"> • Develop 2026 recruitment targets and strategy for each portfolio • Standardize lead tagging / establish auto-reminders for task follow ups in CRM • Develop new engagement practices at each pipeline stage for each portfolio • Prepare deployment plan of Workforce Planning Dashboard with HR Analytics • Continue Social Work Peoplesoft pilot project with PSC 	<ul style="list-style-type: none"> • Begin mapping process for the clerkship/LIC model • Continue to support the manager of the Med Ed team on the project plan to assist with the Health System Integration • 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

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	<ul style="list-style-type: none"> ✓ Provincial ED Time to Physician Initial Assessment is 6.6 hours (Q3 as of Dec 3) - Target is 5.8 hours. Percentage of ALC Patient Days for patients coded as ALC is 26.3% (Q3 as of Dec 3) - Target is 15% ✓ TO met with operational leads re. Discharge Process Accountability to determine future lead/s to address the need to create and establish a coordinated approach to Discharge Planning in Acute Care ✓ Identified the Discharge Planning structure and Home First as key patient flow initiatives that should be implemented jointly and led by the Patient Flow Team ✓ Met with CHO/WH to introduce and initiate daily discharge huddles to their sites 	<ul style="list-style-type: none"> ✓ Hip and Knee patients receiving surgery within benchmark have increased Oct-Dec 2024 Hips: 25.8% Knees: 15.7% Oct-Nov 2025 Hips: 47.2% Knees: 20.0% ✓ Further increase of Same Day Discharges to 5 discharges each Tuesday and a weekly cadence of the hip and knee pilot with plans to extend into 2026 ✓ Launched Revised Emergency Case classification (QEH & PCH) and using C-section as a predictable first case ✓ Completed first cycle of Blocks Schedule Review Committee (BSRC) ✓ Finalized revised ToRs for PSSC and ORC committees. Developed and circulated an application for PSSC representatives 	<ul style="list-style-type: none"> ✓ Waitlist sizes for MRI and US have been reduced by 10% and 11% respectively since August 2025 MRI -> 2592 to 2336 US -> 6369 to 5606 ✓ Two incoming hires in MRI for 2026 ✓ Hired 1 US tech that started in Nov 2025, 2nd starting in 2026 ✓ Developed waitlist validation process for 2026 review cycles ✓ Planning meetings held with SR Fax to progress requisition digital backup initiative ✓ Short term: Preparing a blitz short-term plan for ultrasound and CT ✓ Revising modeling to assess capacity and staffing needs to ensure access 	<ul style="list-style-type: none"> ✓ Access & Flow, DI, and Surgical Backlog Executive Dashboards are now automated ✓ Continued working on remaining Executive Dashboard and Workstream Initiative Dashboards ✓ Supported regular internal and external communications ✓ Held first Organizational Excellence Status Update and Pulse Check to connect and discuss WS path forward plans, including incorporation of foundational Corporate Support Operating Model projects (e.g., P&PP Portfolio Assessment, ERM Program)
Upcoming Activities	<ul style="list-style-type: none"> • Launch Discharge Rounds at CHO/WH then SH/KCMH in Dec/Jan • Working with operational partners to confirm the Complex Patient Description & Pathway for the LTC Admission, Transfer, and Placement Policy & Procedure • Continue work with Comms to embed Home First Philosophy messaging into the "Patient Journey Concept" campaign • Finalizing the LTC Policy for submission to the Policy Team 	<ul style="list-style-type: none"> • Compile responses to PSSC application for CMO review • Follow-up on opportunities from BSRC to maximize utilization • Advance Surgical Report Card development • Evaluate success of first case C-sections to support ongoing optimization of emergency block structure • Explore additional options for the possible movement lower sedation procedures with working team 	<ul style="list-style-type: none"> • Finalize draft plan for a US blitz (short-term increase to capacity) with extended hours • Review and analyze wait-time target and modeling to adapt plans for 2026 • Collaborating with workforce recruitment team on DI staff hiring/retention strategies • Advance dual-training pilot at QEH • Continue supporting the revision of SOPs • Advance the development of Transition to Operations playbook 	<ul style="list-style-type: none"> • Continue supporting regular internal and external communications • Continue development of workstream initiative dashboards • Adjust Organizational Excellence building block meeting cadence based on Sponsor & Lead requirements, and attend to Corporate Support Operating Model project supports

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

- ✓ YTD Affiliation: 8,459 (Nov 30)
- ✓ All physician engagement requests for affiliation discussions have been distributed, 54 meetings booked, 42 conducted (3 additional engagement forms completed electronically)
- ✓ 95% of physicians below the Mediation Agreement's Panel Target size have been met with - one meeting is outstanding
- ✓ 13 Affiliation Plans confirmed for 13 Physicians below the Mediation Agreement Target to date
- ✓ '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 2023, a total of 8,614
- ✓ ITSS Development Team has transitioned to ITSS Operational Support effective November 6th
- ✓ Panel Maintenance: Transition to Primary Care - Complete

Path Forward

Next Steps

- NP Engagement to paneling NPs for potential Affiliation
- Develop a Jan - Mar 2026 strategy for affiliation
- Complete the collapse of duplicate contacts into single household (Case) - last outstanding item for data integrity compliance
- Conclude all Physician engagement meetings for affiliation
- Monitor and report monthly affiliation pace monthly, celebrate successes
- Update Patient Information: 2023 contacted before December 18
- Update Patient Information: 2024 contacted first 15 days January
- Update Patient Information: 2025 contacted last 15 days January
- Finalize the roles/responsibilities for the PPR team - new state
- Update Patient Registry Trajectory for timeline on connecting every Islander to primary care

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 to under 5,000 may not be met due to new applications outpacing those patients who are being affiliated
- The affiliation pace is not maintained following the transition to Primary Care Patient Registry team
- The pace / cadence of patient engagement twice annually is not maintained due to competing priorities

Patient Registry: Milestone Overview

Milestone	Month Due	Status	Lead
Establish Patient Registry as a Source of Truth for registered, unaffiliated patients	December 2025	On Track	Kyle
Patient Affiliation Trajectory	By 2026: 10,000 By 2027: 50,000 Affiliation to-date: 8,459 (Nov 30) Jan - Mar: 2,022 Apr - Jun: 3,350 Jul - Sept: 1,224 Oct - Dec: 1,890	At - Risk	Kyle

Progress To-Date

Key Accomplishments

- ✓ Active PMHs: 18
- ✓ PMH at UPEI launched successfully with media coverage and patient affiliation underway
- ✓ Survey on care preferences emailed to ~ 11,000 Queens region PPR patients with an email on file, generating 2,742 responses (~25% response rate)
- ✓ PMH Maturity Assessments: 14 completed, 2 more scheduled by 2026
- ✓ PC Leadership Day held to align activities with HPEI's strategic direction
- ✓ PMH Website content updated
- ✓ Submitted a TB Memo for PMH 2.0 support at the PMH at UPEI
- ✓ PMH Task Force continues to meet biweekly

Path Forward

Next Steps

- Evolving the PMH model from lessons learned at the PMH at UPEI
- Continue PMH Implementation Playbook workshops: Gulfshore, Summerside CHC, Hillsborough CHC, Charlottetown PMH, and Cornwall PMH
- Aligning data, reporting, and milestone tracking with Health PEI's strategic priorities
- Continuing to highlight critical PMH vacancies at recruitment roundtables with regular check-ins with WFR WS
- Classification review of the Clinical Office Assistant role will help broaden recruitment into patient-facing clerical roles that better match required skills.
- Connect PMH planning with updated Patient Registry Trajectory to plan timelines for connecting every Islander to primary care

Key Risks & Decision Points

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

Patient Medical Homes: Milestone Overview

Milestone	Month Due	Status	Lead
Operating Model Implementation	Winter 2025	On-track	Imran Sheikh, Andrew Sweet
Playbook Implementation & Application	Ongoing	On-track	Imran Sheikh, Andrew Sweet
Provincial Plan Implementation -> Access and Affiliation: Connecting every Islander to Primary Care	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 37 physicians YTD, as of Dec 1st
- ✓ 15.0 FTE new primary care providers hired (8.0 LFM, 7.0 NP) since July 2024
- ✓ Revised Physician Recruitment Package and sent to 93 residents
- ✓ Measured 2025 conversion rates and Days-to-Hire for Physician recruitment - now following up on best practices to improve engagement and conversion rate at each pipeline step
- ✓ Transitioned activities to interim Manager, Physician & Locum Recruitment
- ✓ Social Work Pilot Project started - allows us to apply efficiency and reporting improvements to all Allied Health
- ✓ Completed NP Recruitment Package
- ✓ PMH at UPEI - Phase 1 Staffing: 9 of 13 positions filled
- ✓ NP pipeline view in ZOHO established and ready for manual updates for NP result summary
- ✓ Workforce Recruitment hosted first Health PEI Virtual Career Fair event Nov 25th - over 2000 registrants

Path Forward

Next Steps

- Complete LFM strategic canvas workshop
- Create Sustainability Guide for Physician Recruitment Portfolio
- Generate NP pipeline + results reports
- Monitor Social Work pilot project with PSC
- Further develop primary care recruitment plan
- Standardize lead tagging / establish auto-reminders for task follow ups in CRM
- Complete Zoho kick-off with vendor for TRA
- Create Plan to introduce new Workforce Recruitment team and their improved processes or resources to their operational partners
- Review current engagement practices at each pipeline stage for each portfolio
- Prepare deployment plan for Health PEI Workforce Planning Dashboard in coordination with HR Analytics

Key Risks & Decision Points

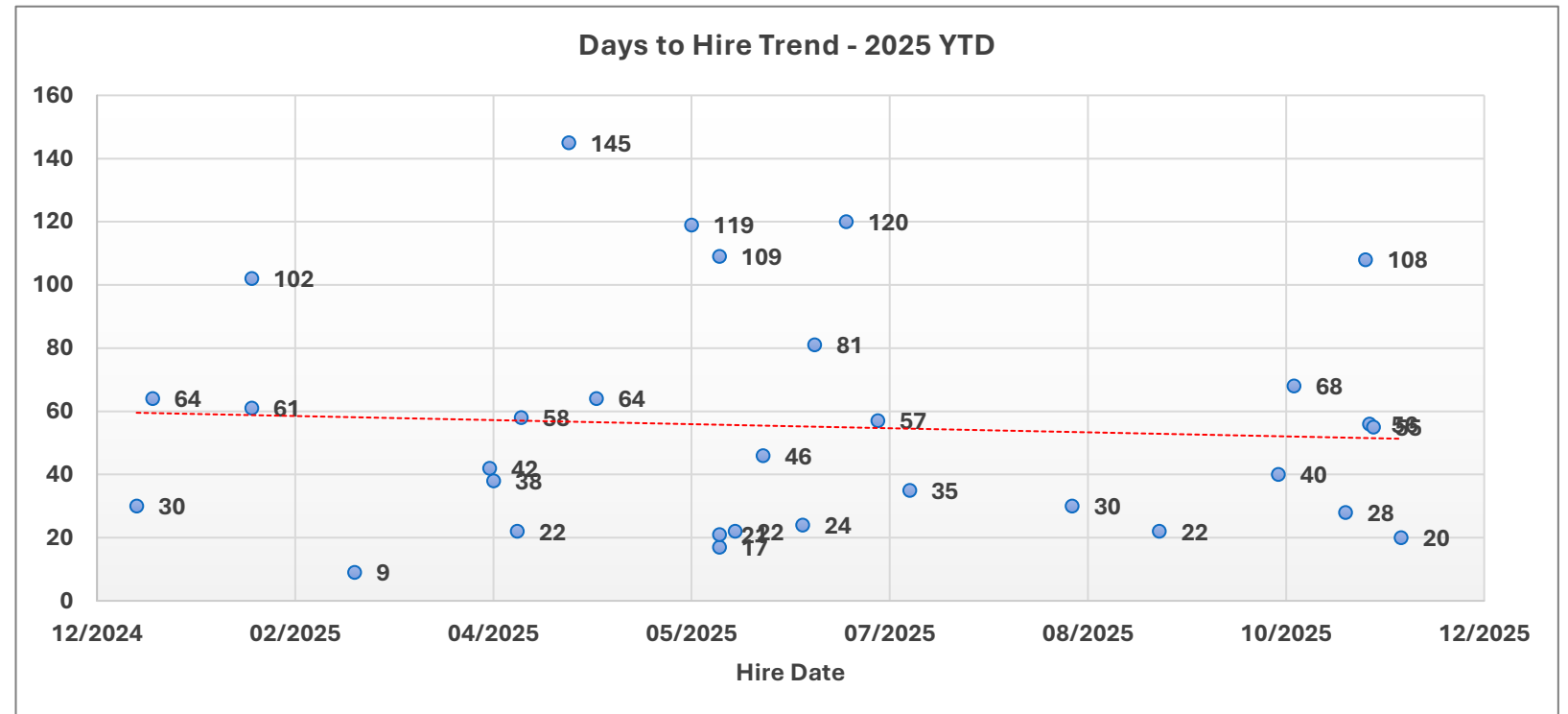
- Inconsistent / limited access to Nursing & Allied Health competition / candidate data in PeopleSoft
- Funding availability to complete ATS launch
- Lack of CRM/email integration limits recruitment outcomes through hindering lead engagement
- Not meeting primary care recruitment plan timelines/targets

Workforce Integration & Planning: Milestone Overview

Milestone	Month Due	Status	Lead
Advanced Physician Recruitment	Dec 2025	At-risk	Pico
Advancing Nursing, Allied Health and Support Staff Recruitment	Dec 2025	At-risk	Alex H.
Advancing Primary Care 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 Dec 1st

Provincial Department	2025 Hires YTD
Anesthesia*	1
Diagnostic Imaging	0
Emergency Medicine*	3
Family Medicine & Focused Practice*	6
Hospitalists	6
Laboratory	1
Medicine	7
Mental Health & Addictions	6
Obstetrics & Gynecology	0
Oncology*	1
Pediatrics*	4
Seniors and Supportive Care	1
Surgery	1
Total	37



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
 - ✓ Email sent to request a time to engage partners in the final mapping exercise to review clerkship model
 - ✓ Decision for Clerkship Model has been made by MUN Faculty of Medicine
- ✓ Seeking feedback regarding Y3&4 for TB memo for clinical and non-clinical and clinical teaching hours MUN Regional Campus

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

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

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	December 2025	On-track	Maribeth Ryan

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 met with operational leads re. Discharge Process Accountability on Dec 2 to determine future operational lead/s to address the overarching lack of structure and a coordinated approach to Discharge Planning in Acute Care - including lack of adherence to the HPEI Inpatient Discharge Planning & Documentation Policy. Patient Flow was identified as the future lead for this work
- ✓ Finalized the review and documentation of the Provincial Subsidy Process, which will now be shared with the operational teams in each region with the goal of standardizing the approach/timelines provincially
- ✓ 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. Budget remains TBD for "swag" and materials like lanyards for internal staff to showcase the Home First Philosophy and assist in their conversations with patients

Path Forward

Next Steps:

- Launch Discharge Rounds at Community Hospitals, beginning with CHO then moving to WH, SH, then KCMH, in the next two months, in alignment with Patient Flow team's introduction of the System Workflows and Tactics (SWAT) Table. Timeline dependent on ordering/delivery date for supplies, including visual aid tool (whiteboard)
- Continue to work with Communications (Renee/Jess C.) to embed Home First Philosophy messaging into the already approved "Patient Journey Concept" campaign, which began in 2021, as well as a soft launch in Acute Care
- 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

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 coordinated and timely Discharge Planning in Acute Care
- Delays or gaps in developing and implementing the Home First Philosophy could lead to inconsistent application of its guiding principles, affecting patient transitions and overall system flow

Patient Access & Flow: Milestone Overview

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

Progress To-Date

Key Accomplishments:

- ✓ Further increase of Same Day Discharges to 5 discharges each Tuesday and shifting to a weekly cadence of the hip and knee pilot program with plans to extend into 2026
- ✓ Revised Emergency Case classification has been launched at QEH and PCH and begun Tues and Thurs emergency blocks with a C-section as a predictable case
- ✓ Completed the first cycle of the Block Schedule Review Committee (BSRC) and recommendations approved by PSSC
- ✓ Continue supporting the hiring process for a Surgical Services Project Manager
- ✓ Gathered feedback from preliminary stakeholders for the lower sedation procedure pilot
- ✓ Finalized revised ToRs for PSSC and ORC committees and sent out application form for PSSC representative positions

Path Forward

Next Steps

- Compile responses to PSSC application form for CMO review/ decision
- Review progress and consider additional operational measures to maximize utilization
- Emergency Block Structure
 - Evaluate success of first case C-sections
 - Determine service-specific emergency time ceilings based on proposed allocations
 - Begin implementation into the scheduling system
- Progress the development of Surgical Report Cards
- Explore additional options for the possible movement lower sedation procedures with working team
- Continue supporting the onboarding process of Surgical Services PM
- Coordinate actions and discussions coming out of BSRC and PSSC

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
- Challenges in schedule coordination resulting in sub-optimal resource allocation through the holiday season

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, First Cycle Complete	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	At-Risk	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:

- ✓ Developed waitlist validation process for 2026 review cycles
- ✓ Engaged with SR Fax to progress the requisition digital backup initiative
- ✓ Short term: Given the backlog, preparing a blitz short-term plans for ultrasound and CT
- ✓ Longer-term: Continue seeking new staffing pathways, have begun engaging with Mohawk College about online programs for Gen Rad and US
- ✓ Continued coordination with workforce recruitment team about DI staff hiring and retention strategies
- ✓ Continued the revision of DI scheduling and waitlist management SOPs
- ✓ Progressed plans for initiating dual training of techs at QEH
- ✓ Have two incoming hires each in MRI for Feb and Jun 2026
- ✓ Have hired 1 US tech that started in Nov 2025 with a second starting in early 2026

Path Forward

Next Steps

- Finalize draft plans for a US & CT blitzes (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 (Ontario & Dalhousie)
- Implement dual-trained tech training process 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
- Validate Deep Resolve saving with techs and develop optimized scan appointment scheduling template framework
- Review and analyze target and modeling to adapt plans for 2026

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)	FY2025 Q3TD 90 th (in days)	Target 90 th (in days)
CT	80	80	91	80
MRI	574	229	216	449
US	423	388	408	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