Health PEI

ANNUAL REPORT
2021-2022

Health PEI

Prepared by:
Policy, Planning and Evaluation

Published by:
Health PEI
PO Box 2000
Charlottetown, PE
Canada C1A 7N8

November 2022

Printing:
Document Publishing Centre

Available online at:
HealthPEI.ca

Printed in Prince Edward Island

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Message from Health PEI's BOARD CHAIR AND CEO

On behalf of Health PEI's Board of Directors, Executive Leadership Team, staff and physicians, we are pleased to present to the Minister of Health and Wellness and people of Prince Edward Island (PEI) the 2021-2022 Annual Report for Health PEI. This annual report provides an overview of our accomplishments, challenges and performance results for 2021-2022. This year's report includes the audited financial statements for the year ending March 31, 2022.

The 2021-2022 year has been one of significant change and opportunity for the PEI health care system due to the long-term impacts of staffing shortages, access to care, health leadership changes and the global COVID-19 pandemic. Throughout these uncertain times, our staff and physicians have continued to demonstrate resilience, professionalism and a commitment to excellence by putting the patient and their families at the center of the care provided.

We also recognize that while the landscape of health care on PEI is constantly evolving, Health PEI also achieved successes and progress toward our new 2021-2024 Strategic Plan. We have strived to move forward with our strategic goals of People, Quality and Safety, Access and Coordination and Innovation and Efficiency. Health PEI has started new services and programs, enhanced existing services, further developed the use of new technologies and implemented new models of care to support the Island community.

Our progress in 2021-2022 is due to the dedication and caring of Health PEI staff, physicians, volunteers and our partners. It is our privilege to thank those who provide care to our Island community while demonstrating caring, integrity and excellence.

Respectfully Submitted,

Derek D. Key, C.M., O.PEI., Q.C., LL.D. [Hons]
Board Chair

Dr. Michael Gardam, MSc, MD, CM, MSc, FRCPC, CHE
Chief Executive Officer

INTRODUCTION
Health PEI Annual Report 2021-2022

The 2021-2022 Annual Report outlines Health PEI's achievements and challenges from April 1, 2021 to March 31, 2022 in support of the following strategic goals:[1]

- People;
- Quality and Safety;
- Access and Coordination; and
- Innovation and Efficiency.

An update on health system performance (Appendix B) via performance indicators that align with strategic goals is also included.

This report supports Health PEI's legislative reporting and accountability requirements to the PEI Legislative Assembly, the Minister of Health and Wellness and the public. The submission of this report to the Minister of Health and Wellness satisfies legislative requirements outlined in the Health Services Act[2] and the Financial Administration Act.[3]

The Annual Report is also developed and communicated pursuant to Accreditation Canada's Qmentum Governance and Leadership Standards.[4,5] The report is aligned with the Canadian Quality and Patient Safety Framework for Health Services which was adopted by Health PEI in March 2021.[6]

Framework Goals

People-centered Care | **Safe Care** | **Accessible Care** | **Appropriate Care** | **Integrated Care**

Profiles

In the following pages, staff from various sectors are profiled. Profiles were collected over the past year and provide insight into the day-to-day work of the Health PEI team across the province.

CURRENT STRATEGIC DIRECTION

Strategic Plan At a glance 2021-2024

VISION

HEALTHY TEAMS, HEALTHY PEOPLE,
HEALTHY ISLAND COMMUNITIES

VALUES

CARING

WE TREAT EVERYONE WITH COMPASSION, RESPECT, FAIRNESS AND DIGNITY.

INTEGRITY

WE COLLABORATE IN AN ENVIRONMENT OF TRUST, COMMUNICATE WITH OPENNESS AND HONESTY, AND ARE ACCOUNTABLE THROUGH RESPONSIBLE DECISION MAKING.

EXCELLENCE

WE PURSUE CONTINUOUS QUALITY IMPROVEMENT THROUGH INNOVATION, INTEGRATION AND THE ADOPTION OF EVIDENCE-BASED PRACTICE.

DIVERSITY

WE RECOGNIZE AND VALUE THE DIFFERENCES OUR TEAM AND OUR LOCAL COMMUNITY BRINGS TO THE ORGANIZATION THROUGH THEIR DIVERSITY IN BACKGROUNDS, EXPERIENCES, CULTURES AND BELIEFS.

ENABLERS

GOVERNANCE AND ACCOUNTABILITY • EVIDENCE-BASED • COMMUNICATION • TECHNOLOGY

MISSION

OUR VALUED HEALTH TEAM WORKING WITH ISLAND COMMUNITIES TO DELIVER INCLUSIVE, INNOVATIVE AND PERSON-CENTERED HEALTH CARE TO ALL

GOALS

PEOPLE

ESTABLISH A HEALTHY, SAFE AND HIGH-PERFORMING WORKPLACE THAT SUPPORTS AND DEVELOPS OUR PEOPLE.

QUALITY & SAFETY

INTEGRATE QUALITY AND PATIENT SAFETY INTO THE CULTURE OF THE ORGANIZATION.

ACCESS & COORDINATION

PROVIDE QUALITY, EQUITABLE AND PATIENT-FOCUSED CARE ACROSS THE PROVINCE.

INNOVATION & EFFICIENCY

DEVELOP NEW AND INNOVATIVE APPROACHES TO IMPROVE EFFICIENCY AND UTILIZATION OF HEALTH CARE RESOURCES.

HEALTH CARE IN PEI

Health PEI is an arm's length crown corporation responsible for the operation and delivery of publicly funded health care services in PEI. Health PEI operates programs and services throughout PEI in both hospital (acute care) and community settings.

In accordance with the *Health Services Act*[i], the Health PEI Board of Directors sets the strategic direction for Health PEI within the parameters of the Act and subject to direction from the Minister of Health and Wellness.

Through the Board Chair, the Board is accountable to the Minister for the management and control of Health PEI as established in the *Act*. The Board is connected to the operational organization, its achievements and conduct through the Chief Executive Officer of Health PEI.

Health PEI at a Glance

- Employees – 4,121 permanent full-time equivalents as of March 31, 2022
- Medical Staff – 256
- Nursing staff – 1,862
- Facilities across the province including:
    - Referring acute care hospitals, community hospitals, and a psychiatric hospital
    - Mental Health and Addictions sites
    - Community Health sites including Public Health and Children's Developmental Services, Primary Care and Chronic Disease, Home Care, Palliative Care and Geriatric Programs.
    - Public Long-Term Care (LTC) Homes

Department of Health and Wellness

The Department of Health and Wellness is responsible for providing leadership and policy direction for PEI's health care system. Health PEI's strategic direction is informed by the Minister of Health Wellness through both legislated documents as well as the departmental strategic plan.[7] The alignment of priorities between Health PEI and the department is critical for working together on measurable progress toward fostering the health and well-being of the Island community.

STAFF PROFILE
DAWNA WOODSIDE
Provincial Musculoskeletal Injury Prevention (MSIP) Coordinator

Dawna's role was created in 2008 as a result of recommendations from a Health Canada and Department of Health funded initiative for workplace health. Dawna is an Occupational Therapist (OT) who covers Community Health, and Mental Health and Addictions.

The Queen Elizabeth Hospital (QEH), Community Hospital, Western Hospital and LTC now have MSIP Coordinators who focus on workplace injury prevention. These roles support an organization where the vast majority of workplace injuries are musculoskeletal-related.

Previous to her current role, Dawna worked as an OT at the QEH for 10 years and then worked for 10 years at Queens Continuing Care Division with experience in Acute Care Rehabilitation, Long-Term Care and Restorative Care.

As part of the MSIP program, lead instructors are trained to run workshops such as Transfer Lift and Repositioning (TLR) patients and clients and also Safe Moving and Repositioning Techniques (SMART) to benefit nutrition services staff, housekeeping, laundry, receiving – any staff who are carrying equipment or materials. There are a lot of educational and training materials that have to be created, kept current, posted and distributed for the three Injury Prevention Programs (TLR, SMART and Workstation Ergonomics). Dawna coordinates training resources for these programs.

The role is administrative in nature when she is not teaching. Dawna works on injury prevention policies and coordinating and chairing meetings. There are a large number of program evaluations and work for data management that must be completed. Every work site must complete an annual program evaluation. Dawna is involved in setting injury prevention standards and policies and acts as a resource for those activities in Health PEI.

Dawna says," I have a passion for ensuring staff who are doing heavy lifting of patients or inanimate objects are lifting safely and avoiding injuries - because they are most vulnerable."

Bariatric patients (people of size or patients with obesity) presents a challenge. As obesity rises in the population, it also rises in health care facilities and moving these patients can be challenging when not done safely. The turnover of staff and staff shortages also presents an ongoing challenge.

Over the years, Dawna has noted a lot of changes in technology and its use. The electronic medical record (EMR) is a new step for Health PEI. With this change, there are potential repetitive strain (ergonomic) injuries which can arise from an increased amount of time spent on a computer for patient charting. Dawna also has a role to play in facility design to create workspaces that are flexible to the work demands of employees.

She enjoys being a part of Health PEI's first Occupational Health, Wellness and Safety Team which includes a director, Provincial MSIP Coordinator, three MSIP consultants, two occupational health and safety officers, one occupational health and safety licensed practical nurse, Fit Testing for N95 masks, and administrative support. She also works to build collaborative relationships with Holland College and the University of Prince Edward Island (UPEI).

> "I never have to sell the importance of injury prevention."
> Dawna Woodside

STAFF PROFILE

KARI BARNES

Director of Human Resources (HR) Analytics, Systems, Learning and Development

The Organizational Development Team is relatively new to Health PEI, and Kari's role started in June 2021.

Kari leads the Organizational Development group including the HR Analytics Team, Payroll, and has responsibility for learning and development. Her multi-unit team provides advice and support in the areas of evidence-based human resource planning and workforce planning, along with leadership development and organizational development.

The team has grown and is a combination of existing and new roles and has a broad scope. The team supports all of Health PEI. One of the team's key areas of focus relates to developing workforce data. For example, the team is involved with retirement modelling and analyzing data to better understand who may be eligible to retire (including role, facility and service area), to assist with planning and for future recruitment.

There is no typical day on the job for Kari. She and her team spend a lot of time analyzing workforce trends and benchmark data, as well as focusing on upcoming projects, employee experience and developing a leadership program. The division is involved in special projects for workforce development – looking at ways to effectively support the health system. This past year, they started working with long-term care, acute care, and Mental Health and Addictions. Her team also provides data and works closely with the Patient Flow team and the Health Analytics unit.

The team works closely with Health PEI leaders and the HR team, as well as with the Recruitment and Retention Secretariat and the Public Service Commission, who are involved with staffing and recruiting health care workers.

There is a national shortage of health care workers, which is a key challenge. Along with analytics support for workforce planning, the team is working to develop programs, such as leadership development, with the intention of helping to retain good leaders in the health system. Over time, broadened workforce development programs will be a focus.

Kari is an experienced HR professional with a bachelor's degree, HR Management certificate, master's degree in Business Administration and a Chartered Professional in Human Resources (CPHR) designation. As Kari recognizes the importance of ongoing learning and development, she regularly invests time into her own continued education and development activities, including keeping up to date on current HR practices.

Previously, Kari worked with Sears Canada and Invesco in a variety of roles. She worked as the Health HR advisor for the Recruitment and Retention Secretariat for the Department and Wellness for two years before joining Health PEI as the Organizational and Leadership Development Manager, and then moving into the Director of HR Analytics, Systems, Learning and Development role. In addition, Kari is a sessional instructor at UPEI, and teaches the HR Management in Canada course.

Kari says,

> "Everyone I have worked with so far have been fantastic. I ask a lot of questions to understand what is currently happening, and respect and enjoy working with the people I have met. The work my team and I are doing is very meaningful and is making a positive impact."

A favorite quote is one she first learned from Chief Nursing and Professional Practice Officer Marion Dowling. "If you want to go fast, go alone, if you want to go far, go together." She feels this quote shows the spirit and nature of the collaborative and supportive work her team does in the health system.

GOAL 1 • People

PEOPLE

Establish a healthy, safe and high-performing workplace that supports and develops our people

Linkage to Canadian Quality and Patient Safety Framework for Health Services

- Accessible Care
- Safe Care
- People-Centered Care

Priority Areas - Health PEI needs to focus on these areas to achieve its strategic goals.

- **Talent Management**
  - Attract and retain a skilled and high-performing workforce for Health PEI.
  - Support professional development to enable leadership and staff to experience career growth, satisfactory professional practice, success in the workplace and overall satisfaction.

- **Improve staff wellness and safety**
  - Create a psychologically and physically safe workplace where staff are supported by the appropriate resources, equipment, training and tools.
  - Develop a healthy and respectful workplace where staff are supported by opportunities for collaboration, regular staff recognition, engagement and communication between all levels of the organization.

- **Effective and efficient HR planning and processes**
  - Provincial approach to human resources planning.
  - Needs-based and data-driven human resources planning.
  - Streamline and standardize human resources processes.

GOAL 1 • People

HIGHLIGHTS

Organizational Development (OD)

- The Organizational Development Team was formed in June 2021, consisting of a Manager and HR Analyst. The HR Information Specialist Coordinator transferred to the team in October 2021, and a Project Manager and Employee Experience Specialist joining the team in January 2022.
- Long Term Service was recognized virtually, due to COVID restrictions, for Health PEI employees celebrating 20, 25, 30, 35, 40, 45 and 50 years of service.
- The OD Team developed regular and ongoing HR workforce related metrics and reporting for Senior Leadership, HR, and the Board.
- Project preparation and planning occurred with the third party vendor, McLean and Company, for the Employee Engagement Survey 2022 (launched in April 2022).
- Planning for key organizational training in areas of culture, diversity, and leadership took place with staff.
- Project preparation and evidence gathering occurred for the HR led components for accreditation survey (completed in June 2022).
- Feedback was sought on HR services, support and priorities through an HR Stakeholder survey with leaders across Health PEI, in order to inform the future People Plan and HR Priorities and Programs.
- Led the organizational-wide employee engagement survey process increasing participation rate from 26% in the last survey to 50%.

Staff Wellness and Safety

- Implemented a comprehensive COVID-19 immunization program for the organization, including access for all staff.
- Updated and implemented the HPEI COVID-19 Immunization and Management Policy in response to changing Chief Public Health Office guidance and organizational requirements to maintain staff and patient safety.
- Operationalized the employee health response to work isolation and contact tracing in response to the ongoing pandemic and increase in COVID-19 cases.
- Implemented a COVID Wellness Hotline to provide staff supports and faster access to testing.
- Developed and implemented a provincial standardized approach to violence prevention training.
- Completed Environmental Violence Risk Assessments in all of the high-risk Health PEI facilities and tracked recommended action items.
- Standardized a medical certificate to support employee's early and safe return to work.
- Began the implementation of a Wellness Program with activities like: Stress Reset education offerings, Compassion Fatigue & Burnout Training and staff recognition draws.
- In LTC, the Staff Wellness Coordinator developed a recognition program for staff to acknowledge birthdays and express thanks for their COVID-19 efforts. This pilot program was rolled out to Wedgewood Manor and Beach Grove Home. Outcomes of the pilot will be reviewed to determine next steps.

STAFF PROFILE

MARY MCBRIDE

Ambulatory Care Registered Nurse, Kings County Memorial Hospital

Mary manages the ambulatory care unit at Kings County Memorial Hospital where she can see up to 15 patients a day. Her role involves critical thinking and evidence-based nursing knowledge in many ways.

Her day is diverse: one patient may need a blood transfusion, or another patient may need intravenous (IV) therapy. She may make referrals to the Wound Ostomy clinic in Charlottetown or to Home Care to recommend that service be provided to them. There are ongoing referrals and she is always advocating for the patient.

Space continues to be a challenge. She works in a small three bed space so ensuring people are six feet apart is important due to COVID precautions - so there is a lot of juggling space for patients. Mary said, "You have to be ready for your day to change rapidly. It is an extremely busy unit. It is a non-stop day. Patient safety is the most important thing."

In Mary's role, there are simple and complex procedures, so she has to be adaptable - while following Health PEI's guidelines. The job is on-going and fast-paced. She has to be prepared and organized in order to handle the role. Her duties include booking all of the ambulatory care patients, preparing for each procedure to ease the transition between patients, updating physicians on patient conditions and communicating with other nursing staff. To support quality improvement, Mary also sits on the Provincial Ambulatory Care Quality Team.

Mary has been in this role for two years. Previously, she worked in Home Care and at the QEH for 10 years on the Medical Surgery unit.

"In a small hospital, you get to know the patients very well over time. I see some patients frequently and you develop a relationship," noted Mary.

Mary added, "I love the interaction with the patients – the bed side nursing aspect. I love seeing the gratitude of patients when they see their health improving – for example seeing a wound improving."

She also loves working in a community hospital.

> "I do like the closeness of the community, everyone seems to know each other. The atmosphere is very cozy and friendly."
>
> Mary McBride

STAFF PROFILE

ROBIN PROFIT

Cook, Western Hospital

Robin is a cook at Western Hospital in Alberton and is responsible for preparing breakfast, dinner and supper for patients. She also prepares meals for staff in the hospital cafeteria. Robin is a Red Seal chef who has been working in the health system since 2008. She first started working at Western Hospital, Maplewood Manor and Community Hospital O'Leary as a casual cook, became a part-time employee in 2013 and a permanent full-time employee at Western Hospital in 2019.

She prepares meals daily for up to 25 patients and 15 to 20 staff who eat in the hospital cafeteria.

"Some days it is quite busy – there are never enough hours in the day. I have to be highly organized and everything runs smoothly most of the time," said Robin.

Robin starts her day at 5 a.m. by preparing the baking which includes muffins, biscuits, cookies, desserts – everything is made from scratch in the kitchen at Western Hospital. Breakfast is made by 8 a.m. Throughout the day she makes sandwiches, soups, chowders and casseroles for supper time which is served around 5 p.m. with the main meal being made for noon time. In that time, she makes a second option for staff and has some freedom on what to choose for staff.

"I work with service workers to put food on the trays and the service workers then serve the patients. I work with a Manager and Dietitian to set the menu. The hospital goes with a four week rotation of the menu."

She does food ordering once a week and also does some scheduling if a co-worker is not able to make their shift. There is also a part-time cook at Western Hospital who works 40 percent of the time.

In terms of special dietary needs, she goes by diet census for patients, but also has day-to-day phone calls with nursing, if they need to relay more information. She works with a Dietitian for special food needs.

> "I like that I play a small part in helping patients get better with nutritious meals. Patients look forward to their meals. It is a great place to work. I get to be creative. I work with a lot of great people. It is a great career to have. I really love my job."
>
> Robin Profit

GOAL 2 • Quality and Safety

QUALITY AND SAFETY

Integrate quality and patient safety into the culture of the organization

Linkage to Canadian Quality and Patient Safety Framework for Health Services

- People-Centered Care
- Safe Care
- Appropriate Care

Priority Areas - Health PEI needs to focus on these areas to achieve its strategic goals.

- Embed understanding and prioritization of quality and impacts on patient care throughout the organization.
- Create a person-centered environment that fosters respect and safety to improve patient experiences and outcomes.

HIGHLIGHTS

Patient Safety and Quality Improvement

- To prepare for accreditation in the summer of 2022, Quality Improvement Teams (QIT) completed self-assessments, reviewed standards and developed the following: workplans for each QIT area, indicators and Plan-Do-Study-Act (PDSA) cycles.
- Required Organizational Practices (ROPs) awareness was promoted across different service areas through monthly ROP education (ROP of the month) and each QIT reviewed their ROPs and their assessed survey of the ROPs, with workplans created as needed. Communications on the accreditation process and what teams can expect were shared with staff and QITs.

GOAL 2 • Quality and Safety

Patient Safety

- Strategy development and review:
    - Provincial Falls Framework – The Falls Reduction Program project charter has been developed along with a new falls risk assessment screening tool that is currently undergoing testing. A standardized fall audit tool in RStudio was developed.
    - Medication Administration (MA) Errors – A provincial nursing MA policy is in development. Medication audits were completed on specific in patient units and education provided to the units on these audits.
    - Lab Incidents – A working group was created between the lab and emergency departments (ED). The following was completed: observational audit, process map development and identification of strategies to decrease the number of lab incidents in the ED using PDSA cycles.
- Nurses Specialized in Wound, Ostomy and Continence: Continued development of policies including a provincial policy on wound care, and education and standardized documentation.
- Provided an additional 33 hours of security coverage, 365 days of the year to Prince County Hospital (PCH) to support nursing units and public areas.
- Increased provincial pharmacy staffing resources for the hospital pharmacy in the provision of prepared sterile drug products, support of the neonatology program, and the establishment of a Quality Assurance (QA) program for sterile products.
- Renovations to improve patient flow, privacy and functionality started at the main entrance and kitchen at Kings County Memorial Hospital (KCMH)
- Residents of Sherwood Home moved to the Prince Edward Home to provide a safer location for care. The nine residents will be able to maintain their care team relationships to help support a smooth transition.

Education and Training

Provided education and training to develop and support a culture and understanding of quality and safety:

- Infection Prevention and Control: Launched a new hand hygiene initiative including an education and new auditing strategy. The online hand hygiene education module was completed by 3,224 staff members and physicians.
- Incident Reporting/Provincial Safety Management System (PSMS) training was provided with 304 staff and physicians participating.
- Over 180 participants attend online sessions on *Promoting and Ethical Culture and How to Respectfully Disagree*.
- Ethics Education Tabletop exercises were held through the year with 248 staff members participating in 13 sessions.

GOAL 2 • Quality and Safety

Patient and Family-Centered Care (PFCC) and Engagement

- Patient and Family Partners (PFPs) continue to work with QITs across the health system to add the patient voice to quality improvement activities.
- A Patient Experience Manager was hired in May 2021 to provide a multifaceted approach to support patient experience by working with Health PEI Patient and Family Partners and staff throughout the organization.
- Orientation and Retention of PFPs – with the assistance and input from PFPs, an orientation package was developed for new PFPs and a PFP Orientation Workshop was held.
- Developed and implemented a satisfaction survey for PFPs in the Spring of 2021. Survey results are currently being reviewed and will ultimately be used to inform improvements for the Partners' experience on Health PEI committees.
- A podcast was developed to communicate patient experience in action at health care sites and encourage staff as they work to enhance patient experience.
- A pilot project on electronic patient experience surveys in Island hospitals was implemented during the 2021 Patient Experience Week. Patients were surveyed on their experience while in care. Questions covered key areas of patient-centered care including Dignity and Respect, Collaboration, Information Sharing and Participation in their care. The surveys provided largely positive feedback across the spectrum of hospital care. The goal in developing this electronic survey was to create an accessible, consistent approach to gathering and evaluating patient feedback.
- Two newsletters were published covering current PFCC activities, key principles and examples of patient and family-centered care in action throughout the health system.
- Diversity Partners Orientation Workshop was held to assist individuals and families new to the Island or to Canada learn more about the Canadian and Island health care system and to understand the role of PFPs here on PEI. Those interested after this session, were invited to apply to become PFPs and to attend the larger orientation workshop.
- Re-establishment and further development of the Community of Practice for Health PEI patient navigators to explore barriers to care and create a professional relationship that supports a collaborative model of navigation throughout Health PEI. Patient navigators act as a liaison between patients and health care providers, guiding patients through the health care system and connecting them with the right professionals.
- Mental Health and Addictions formed a Patient Experience Committee. The group meets quarterly through the year to discuss ways to improve the patient experience in front line service delivery.

STAFF PROFILE

DR. LAURA O'CONNOR

Primary Care Medical Director – Queens, COVID Response Physician Lead – Community and Seniors, Family Physician

Dr. O'Connor works in her family physician practice providing direct patient care and as the Medical Director for Primary Care in Queens County. This position is an interface for family doctors with Medical Affairs.

As Medical Director, her work includes assisting with transitions in practice, HR issues, leaves, locum coverage and projects physicians want to complete. She enjoys the relationship-based aspects of this role.

Dr. O'Connor states, "There are incredible challenges facing physicians and the entire primary care system right now. In the Medical Director role with Health PEI, I am afforded an opportunity to develop solutions, which is empowering."

As a family physician, she is also involved with the initiation of the Patient Medical Home model of care, as a member of one of the first five PMH sites on PEI. From the physician's perspective, this involves providing medical services to a panel of patients, while closely collaborating with many other professionals caring for the same group. This includes (but is not limited to) medical office assistants, nurses, physiotherapists, social workers and nurse practitioners. The patients are directed immediately to the most appropriate provider for their needs.

Her practice is located at Sherwood Medical Centre. Dr. O'Connor feels fortunate to have collaborated closely with a nurse practitioner for her nine years in family practice. She offers general primary care. A workday may include heart failure management, treatment of depression, skin biopsies, prenatal care, palliative care and preventative screening for cancers and chronic diseases. She finds the variety of family practice extremely rewarding. "I don't think I would do well seeing the same type of cases over and over again," she adds.

As a COVID Physician Lead since December 2021, Dr. O'Connor has been a link between physicians and the Health PEI omicron response, advising on issues like COVID testing, work-isolation, Personal Protective Equipment guidance, and the roll-out of new therapeutics such as Paxlovid.

She reflects

> " Seeing the various branches of Health PEI work together through COVID has been quite an experience. It is incredible how having one clear, common goal - mitigating the effects of the pandemic - has galvanized our organization,"

STAFF PROFILE
SHELLEY CARMICHAEL

Occupational Therapist with the Seniors Mental Health Resource Team and Outreach Team at McGill Center, Community Mental Health

Shelley works with the Seniors Mental Health Resource Team (SMHRT) and the Outreach Team. The Outreach Team is a specialized team for clients with severe and persistent mental illness and SMHRT is a team for clients who experience mental health concerns paired with age related illness.

Occupational therapy encompasses all the activities (occupations) of life. Shelley assists clients in maximizing function so they are doing all that they need to do to the best of their ability. She helps clients get back on track with healthy activity engagement to increase their life satisfaction and overall health. She focuses on helping clients maximize their recovery and help them remain in their homes independently.

"One of the most rewarding things of the profession is seeing people make progress in small or large steps," says Shelley. She could be helping someone expand their social/community connections, improve their cooking abilities, better manage their finances, be more physically active or help organize their lives better.

Occupational therapists have specialized training in how to analyze activities and break down tasks into achievable steps. Clients often struggle with anxiety, low mood or lack of motivation so teaching relaxation techniques and the importance of behavioral activation also helps move people in a positive direction. Shelley really enjoys getting people motivated to make positive behavioral change.

Shelley works with two great, dynamic teams compromised of registered nurses, licensed practical nurses, social workers and psychiatrists – all being very team oriented to support client care. Typically, care is provided in a time limited case management approach and some clients may require longer periods of involvement due to the nature of their illness. Therapeutic rapport is important to support treatment and stabilization in the community.

Shelley graduated with a Bachelor of Science in Occupational Therapy from Dalhousie University in 1990. She worked in physical medicine at the QEH for several years before making the shift to in-patient psychiatry. She has worked with the Outreach Team since 2003 and is excited to be starting her new role with the Seniors Team since the fall of 2021. She has been a past member and chair of the Fitzroy Center Advisory Board and past representative at the national professional organization of occupational therapists.

In terms of key challenges, the nature and severity of mental illness and other complicating factors can affect the outcomes that can be achieved. Clients can be struggling with other illness, past trauma, limited social or financial support and substance abuse. Homelessness and lack of affordable housing can compound problems. As a therapist, it is important not to get discouraged and to focus on ways to make even small positive changes.

There is no such thing as a typical day. Clients are usually visited in their home settings. Shelley could be walking with a client and talking about ways to increase healthy habits and routines. She could be helping a client improve their cooking abilities, working on communication skills in family relationships or helping overcome anxiety to better engage in life activities. Sometimes, Shelley also does cognitive and functional assessments to help address problems and generate solutions to keep clients in their preferred living situations. Shelley feels privileged to be able to do her work and meet such interesting people for the past 32 years.

GOAL 3 • Access and Coordination

ACCESS AND COORDINATION

Provide quality, equitable and patient-focused care across the province

Linkage to Canadian Quality and Patient Safety Framework for Health Services

- Accessible Care
- Appropriate Care
- Integrated Care

Priority Areas - Health PEI needs to focus on these areas to achieve its strategic goals.

Primary Care

- Increase access to primary care services and enhance delivery of care.
- Transition toward team-based care to provide integrated and coordinated care.
- Support patient transitions between different levels of care and programs: enhance and integrate community-based care.
- Embed innovation and virtual care to enhance access, team-based care, integration and collaboration.

Mental Health and Addictions (MHA)

- Integration of MHA within the health system to reflect evolving patient needs and a pproaches to care.
- Increase access to MHA services and manage transitions in care.
- Optimize community-based supports to provide care in the community and support the acute care system.
- Continued focus on Master Programming and replacement of HH with new MHA campus.

Seniors Care

- Provide care at home and closer to home: Support individuals to stay at home (e.g., increase access to community-based supports, home care, supplies, etc.) or receive care closer to home.
- Transitions of care – Hospital to Home: Support individuals in their transition to home and re-integration into the community after care.
- Enhanced care capacity for LTC residents: improvement of organizational practices and processes to better support residents and staff.

GOAL 3 • Access and Coordination

HIGHLIGHTS

Primary Care

- The first five Patient Medical Homes have launched at the following locations leading to a shift in primary care that focuses on providing team-based collaborative health care:

    - Polyclinic and Parkdale Medical Centre, Charlottetown
    - Sherwood Medical Centre, Charlottetown
    - Kinlock Medical Centre, Stratford
    - Kensington Health Centre, Kensington
    - Cornwall and Crapaud Health Centres, Cornwall and Crapaud

- The Post Discharge Clinic for Admitted Patients pilot started in July 2021. This clinic is for patients who are admitted to hospital, have no family doctor and require short-term follow-up (e.g. blood work, x-rays, wound evaluation) upon their discharge. Through this clinic, patients may also be discharged earlier since they will have access to a provider for follow-up after discharge. Care is provided by the QEH hospitalist group one morning a week and uses a combination of phone and in-person visits. To date 293 patients have accessed this clinic.

Mental Health and Addictions

- The MHA Patient Navigator position was created in October 2021. The Patient Navigator is a single point of contact for those with questions about the MHA system. This role helps support individuals, families, and professionals who require assistance in navigating the services available. The Patient Navigator will provide education on how this division of health care operates, discuss appropriate care pathways and provide referrals as needed, problem solve any barriers to accessing services, and connect people with resources and supports both within government and the community.
- MHA welcomed new administrative and medical leadership over the past year and also had staff members recognized for contributions to the community during the COVID-19 pandemic.
- An agreement with the Mental Health Commission of Canada and Stepped Care Solutions was completed to implement Stepped Care for Islanders. The Stepped Care model is based on improved access to services, including same-day care, at levels of intensity that can be "stepped up" or "stepped down" according to client need and preference. Implementation will begin in 2022-2023, with the objectives of improving system integration and client flow and increasing rapid access to mental health and addictions care.
- Research and Education staff worked to ensure evidence-based research is translated into interdisciplinary clinical practice within provincial MHA services. Research staff have been focused on qualitative lived experience of MHA service users on PEI.

GOAL 3 • Access and Coordination

- The SMHRT increased the number of staff, providing the capacity to reach more Islanders in need of multi-disciplinary services.
- Construction of the first two buildings on the new campus is nearing completion. The new Addictions Extended Care facility will replace Lacey House, and the new Mental Health Structured Programming facility will provide 8 beds and 20 day programming spaces focused on supporting life skills and transition to community.
- The new MHA Emergency and Short Stay Unit, an addition to the QEH, was fully designed and the construction contract was awarded. Construction will commence in summer 2022.
- Health PEI selected the Telus Electronic Medical Record for a new MHA Information System, replacing the current Integrated Services Management (ISM) system. The new system will streamline data entry for service providers and improve the quality and consistency of program data and analytics. System design will proceed in 2022-2023.
- A dedicated HR team was implemented to provide improved support to existing staff and bringing capacity that will be needed as new programs under the MHA Redevelopment begin operations.
- MHA acute care staff successfully transitioned to a "care in place" approach for patients with COVID, supporting continuity of care, minimizing disruption for clients, and maintaining bed flow.
- With funding from the Canadian Institutes of Health Research, the MHA Research Centre conducted studies on Cannabis-related Psychiatric Emergency Department Presentations and on Barriers to Treatment and Virtual Solutions in PEI. The Centre conducted a study on Improving Services for Individuals with Opioid Use Disorder with funding from Health Canada.
- The Research Centre also completed an evaluation of Dialectical Behavioural Therapy effectiveness on community settings, which confirmed positive impacts and identified opportunities for program improvement.
- MHA education staff developed and implemented core MHA continuing education and professional development composed of over 28 in-person and virtual courses and 54 online learning opportunities. The MHA education team also continued to expand the violence risk, suicide risk assessment, prevention and management training provided to Health PEI acute care staff across the province.
- MHA implemented a nine-day orientation for all new staff that incorporates core courses to support the provision of consistent, evidenced-based care and treatment to islanders.
- MHA clinical experts presented a lecture entitled ***"A Pandemic's Push to Best Practice: The Child and Youth Urgent Mental Health Clinic (CYUMHC)"*** at the June 2021 National Conference of the Canadian Psychological Association on behalf of a larger MHA clinical team. Over 30+ pediatric staff from MHA partnered in this highly successful 1ST wave COVID initiative.

GOAL 3 • Access and Coordination

SENIORS CARE

Home Care

- Continued development and implementation planning for Home Care Service Delivery Transformation which includes a new case management system, scheduling package and the implementation of InterRAI-HC assessment. This initiative which started in Spring of 2022, supports efficiency, communication and service delivery to clients and families through a modernized technology solution that is organized, efficient and mobile-friendly.
- Provincial Home Care Program resources were increased providing additional capacity to support more frail seniors who are living at home so clients can stay home longer rather than move to long-term care. Thus clients can live at home until end-of-life, and if hospitalization is required, return home sooner. In 2021-2022, 4,929 home care clients were served with 2,830 of these clients being 75+ years old.

Long-Term Care

- Drug Cabinets with medication carts were replaced through support from the federal LTC Safe Restart Program. During the COVID-19 pandemic, it was necessary to continue ensuring resident safety, and to support improved processes. New medication management carts were purchased for six new model of care homes.
- Phase One of the LTC InterRAI Project included the development of a business case and the release of an RFP to purchase a Long-Term Care Information System. The business case is scheduled to be completed by October 2022.

Chronic Disease

- Remote Patient Monitoring (RPM) was implemented to support virtual cardiac and pulmonary rehabilitation allowing clinicians to regularly monitor patient's vitals (blood pressure, heart rate, weight and oxygen levels).
- New spirometry units were implemented and provincial spirometry database established.
- The Organized Stroke Care Program supported the QEH as a partner in a multi-center randomized-controlled non-inferiority research study (ACT) to investigate the use of tenecteplase versus alteplase for thrombolysis of acute stroke.
- In the spring of 2021 government announced an investment to support initiatives under the Diabetes Strategy. A working group reviewed the potential options and began planning for the implementation of a Glucose Sensor Program.

GOAL 3 • Access and Coordination

Access to Specialist Services and Community Services

- The Provincial Dental Care Program was launched to increase access to dental care for low-income Islanders, including seniors and those receiving social assistance. The program covers annual and emergency dental examination, dental fillings (and limited root canal treatment), dental extractions, limited preventative services, and dentures. Treatments are available through private dental offices across PEI and Health PEI clinics located in Charlottetown and Summerside.
- The Provincial Specialty and Virtual Care Clinic (PSVCC) opened in January 2022 to provide a dedicated clinic environment with devoted clinical resources utilizing innovative IT solutions to support various specialty consulting physicians. The PSVCC strives to provide efficient and effective in-person and virtual delivery of care opportunities for Islanders with specialists coming to the Islander rather than the Islander going to the specialist, reducing the need for out of province travel, reducing wait times for services and improving patient experience. To date, specialists in vascular surgery, infectious diseases, chronic pain management, orthopedics, genetics and medical assistance in dying (MAiD) have been onboarded to the clinic.

French Language Services

- Health PEI continues to build on its successes in the establishment of Bilingual Neighborhood/households in publicly funded Long-Term Care Homes in PEI. In July 2021 a bilingual household at Maplewood Manor was created. This is the third publicly funded facility to offer services and programs to French-speaking seniors requiring LTC services.
- A new service delivery model for Home Care Services in French was developed as part of a funding agreement with Health Canada. This new service delivery model will be fully integrated to the new Home Care Service Delivery Transformation Project.
- Health Canada released a report March 2022, ***"Documenting the Experience with the Bilingual Health Card in Prince Edward Island"***. This study highlighted the successes of the PEI experience with the bilingual Health Card that must be exploited to its full potential. This is seen as a historic experience that offers many lessons to other provinces and territories across Canada. The report concludes that long term support must be considered for the province to consolidate current bases and take full advantage of a project of the scope.
- In Primary Care, patient data was captured using the PEI Health Card language variables to get a better picture of where French-speaking Islanders currently access Primary Care services. This evidence-based data is now being used for planning service delivery. The goal is to build capacity to increase access to services and programs for French-speaking Islanders. This information is being used in the planning phases of the Primary Care Networks service delivery model.
- The integration of the new Health Standards Organization's (HSO) Official Languages Standard started in Home Care and LTC.

STAFF PROFILE

IMRAN SHEIKH

Virtual Care (VC) Project Manager – Virtual Care Project Coordination Centre

Imran has been working as the Virtual Care Project Manager since April 2021. He oversees all aspects of the Virtual Care Project Coordination Centre (VCPCC), which is responsible for advancing the use of virtual care in PEI. The VCPCC works with health service areas across the Island to determine how virtual care can be incorporated into care delivery models with a focus on continual process improvement and maximizing health care access options for Islanders. Examples of this include Zoom for Healthcare and the Maple platform.

The VCPCC currently has nine staff members: The Virtual Care Coordinator, eHealth Program Lead, Implementation and Change Lead, Policy Analyst, VC Support Specialist and Business Analysts responsible for the delivery of all virtual care projects. The team, under Performance and Innovation, acts as subject matter experts and uses their clinical and technical background to support the adoption of virtual care in PEI.

In terms of other examples of virtual care, remote patient monitoring (RPM) is an at-home monitoring program available to Islanders who live with heart failure or Chronic Obstructive Pulmonary Disease (COPD). If a patient's vitals are trending abnormally, their care team is notified immediately. This allows patients to manage their chronic disease from the comfort of their home, avoid unnecessary trips to the hospital, catch problems before they become an emergency, and be more involved in managing their health.

Providers can assess and treat many of the issues and conditions they would be able to treat in a physical clinic setting utilizing virtual care, such as cold and flu symptoms, infections, prescription refills or minor allergic reactions. Not all care is appropriate to be assessed virtually. Providers may review symptoms and recommend that an in-person consult or emergency care is needed, such as with chest or abdominal pain.

Mental Health and Addictions are one of the biggest users of virtual care with many health care providers in the community using Zoom for Healthcare or phone consults with patients.

In terms of overall benefits, virtual care has been positively received because of the convenience to the patient. For example, someone could be working in their home and take a break for a virtual care visit, negating the need for travel to a care centre. Also, the rate of "no shows" has gone down with virtual care.

Imran's team is working on patient engagement, connecting directly with patients through surveys, community meetings, and a Patient and Family Partners group to understand the patient journey and improve the patient experience. Imran noted,

STAFF PROFILE IMRAN SHEIKH

Virtual Care (VC) Project Manager – Virtual Care Project Coordination Centre

> " The primary goal is patient-centered care. Empowering the patient's role in the process is crucial - answering what the patient wants or needs. Adapting to the patient's preferences is the goal. I enjoy seeing the growth and potential of virtual care to provide convenient and timely care for Islanders."

In terms of key challenges, virtual care relies on internet connectivity and technology. PEI is a great place to test technology and virtual care has the potential to close gaps in patient care and remove some geographical boundaries. Another challenge is the patient's comfort level using technology - for patients to know how to use and have trust in the technology. Merging health and technology can be confusing for patients, and the VCPCC is creating patient resources that are easy to understand using digital health literacy principles.

Another challenge – virtual care is not always appropriate for every situation. It is based on the individual care needs of the patient.

Imran noted, "Virtual care is a tool in the provider toolbox to give care to patients, presenting an advantageous solution when appropriate. Virtual care is not appropriate in a medical emergency or when an in-person examination is required but can be considered as a part of the continuum of care for patients, particularly in follow-up situations where the provider and patient have an established relationship."

He added, "COVID presented a huge barrier to patients needing to access health care. Virtual care allows providers to use remote technology to provide care to patients virtually, or when not in person. PEI's unique, rural geography presents a great opportunity for virtual care, potentially replacing the need for long drives or days off work for patients where appropriate. Breaking new ground and integrating technology to benefit Islanders is a great thing to be part of. It's wonderful to see patients who were previously averse to virtual visits now using computers, tablets, and smartphones to connect with health care providers."

Imran has a master's degree in Biomedical Engineering from Ryerson University. Before working in PEI, he worked in a biomedical research partnership between St. Michael's Hospital and Ryerson University in Toronto. He initially joined Health PEI in 2020 as the eHealth Program Lead.

GOAL 4 • Innovation and Efficiency

INNOVATION AND EFFICIENCY

Develop new and innovative approaches to improve efficiency and utilization of health care resources

Linkage to Canadian Quality and Patient Safety Framework for Health Services

- People-Centered Care
- Safe Care
- Appropriate Care
- Integrated Care

Priority Areas - Health PEI needs to focus on these areas to achieve its strategic goals.

System Utilization and Efficient Patient Flow

- Develop safe, effective and timely transitions from hospitals to community settings (community-based care and home).
- Support safe patient transitions between different levels of care and programs: enhance and integrate community-based care.

Support the sustainability of the health system by building efficiencies across Health PEI through:

- Continued fiscal management.
- Application of strategic management framework including performance measurement.
- Appropriate system utilization.

Innovative Technology/Practices

- Implementation and expansion of digital health:
    - Virtual Care: Continued implementation and adoption of virtual care to support the continuity of care, optimize current delivery/practices and provide supports for Islanders and clinicians.
    - Electronic Medical Record (EMR): Operationalize EMR across the health care system.
    - Continued collaboration with the Department of Health and Wellness, Information Technology Shared Services (ITSS) and Canada Health Infoway.
    - Adoption of other innovative technologies and practices to support the continuity of care (including transition points), accessibility and efficiency.

GOAL 4 • Innovation and Efficiency

HIGHLIGHTS

Patient Flow and System Utilization

- Preliminary work has started on the development of the next three-year strategy for patient flow in alignment with the Health PEI strategic plan.
- Implementation of the Provincial Patient Flow Model in January 2022 to create and sustain inpatient capacity across the health care system, create streamlined and standardized approaches to patient flow in hospitals and support the newly formed Provincial Patient Flow Team to make and implement patient flow decisions that reflect a system-wide balancing of risk from a patient safety perspective.
- Continued planning and implementation of initiatives to support bed utilization and appropriate discharges:
    - Provincial Bed Closure Policy has been developed and as of the end of 2021-2022 was undergoing stakeholder review.
    - Updates started for the Health PEI Hospital Services Sites Provincial Overcapacity and Health PEI Emergency Department Diversion policies.
    - The Patient Flow Metric Report and Bed Boards for LTC and MHA were introduced.
- The COVID-19 Surge Plan was reviewed and updated by the Patient Flow team.

INNOVATIVE PRACTICES

Virtual Care

- Supporting and expanding virtual health care capacity across PEI:
    - Virtual Care Steering Committee and Virtual Care Project Coordination Centre were established to carry out a Virtual Care Action Plan to support and expand virtual health care across PEI.
    - Planning completed for virtual care supports to assist users of Health PEI virtual care services.
    - Reviewed current virtual care metrics and prepared a gap analysis between current and desired future state, with input from business owners.

GOAL 4 • Innovation and Efficiency

- Advancing Virtual Care Capabilities:
    - By the end of March 2022, the Virtual Care Steering Committee approved funding for 16 virtual care projects. Project highlights include:
        - Assisting in the establishment of a provincial virtual care specialty clinic.
        - Implementation of online prenatal self-learning classes.
        - Expansion of remote patient monitoring capability across the province (e.g., cardiac pulmonary program).
        - Introduction of virtual bike around and virtual goggles into some Long-Term Care Homes to expand therapy options.
        - Supported foundational initiatives for the introduction of a virtual care tour of the PEI Cancer Treatment Center.
        - Optimization of e-referrals to support the smoking cessation program at QEH.

- Patient and Provider Virtual Care Experience:
    - Established a Provider Advisory Team to better understand provider needs and preferences related to virtual care and to obtain feedback on documents and web-based materials being developed about virtual care.
    - Developed patient and provider virtual care survey instruments to better understand the use of virtual care services and preferences for service delivery.
    - Reviewed on-line education platforms and learning preferences for educating staff and patients about virtual care.

- Digital Heath Literacy:
    - Established a digital health literacy working group to advance digital health literacy.
    - Developed a glossary of standardized virtual care terms and plain language definitions.
    - Defined a process for reviewing documents to ensure usability, actionability and readability.
    - Began to socialize key concepts about digital health literacy to stakeholders.

- Virtual Care Policy:
    - Established a virtual care policy working group to review policy options and develop required materials.
    - Completed PEI virtual care policy environmental scan and created a policy framework.
    - Completed a review of existing HPEI RPM policies and guidelines with recommendations for alignment across programs.

- Collaboration on initiatives to advance virtual care:
    - Collaboration between ITSS, Department of Health and Wellness and the VCPCC on initiatives including:
        - Issuing an RFP to conduct an assessment of point of care wireless requirements to improve wireless connectivity in health care.
        - Selection of a vendor to develop a central clinical data repository (CDR) that will enable Islanders to access their own personal health information.

Fiscal and Strategic Management

- Conducted quarterly reviews of new investments and developed status updates as required for Health PEI leadership
- Developed a Strategic Performance Indicator dashboard to support strategic management of the new Health PEI Strategic Plan, work is on-going to automate the collection and reporting of indicators
- Continue to develop monitoring and reporting framework to further align budget and strategic processes

FINANCIAL OVERVIEW
Highlights

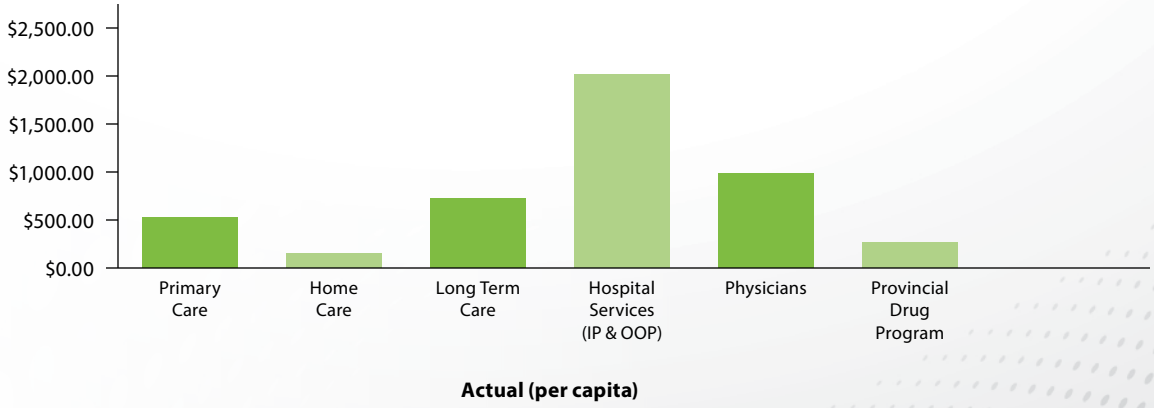
This section of the Annual Report highlights the organization's operations for the fiscal year ending March 31, 2022. This financial section should be read in conjunction with Health PEI's audited financial statements (Appendix C - Pg 34).

OPERATIONS	OPERATING ACTIVITIES
Revenues	$ 802,501,895
Expenditures	$ 802,501,895
Subtotal-Operating Surplus (Deficit)	$ -
CAPITAL	
Revenues	$ 19,862,394
Amortization	$ 18,367,219
Subtotal-Capital	$ 1,495,175
Annual (Deficit) Surplus	$ 1,495,175

Expenses per Capita

Budgeted spending per capita highlights the Provincial Government's health expenditure by use of funds divided by the population. This indicator allows Health PEI leadership to target and track service enhancement and better manage spending in specific areas. Targets are set based on anticipated areas of growth or projected needs for additional resources to meet the needs of Islanders.

2021-22 Expenses per Capita (Actual)



FINANCIAL OVERVIEW
Highlights *(continued)*

EXPENSES BY SECTOR

Primary Health Care and Provincial Dental Program
Expenses relating to the provision of primary health care by nursing and other allied health care providers including: community primary health care, community mental health, addiction services, public health services and dental programs.

Home-Based Care
Expenses relating to the provision of home nursing care and home support services.

Long-Term Care
Expenses relating to the provision of long-term residential care, including palliative care.

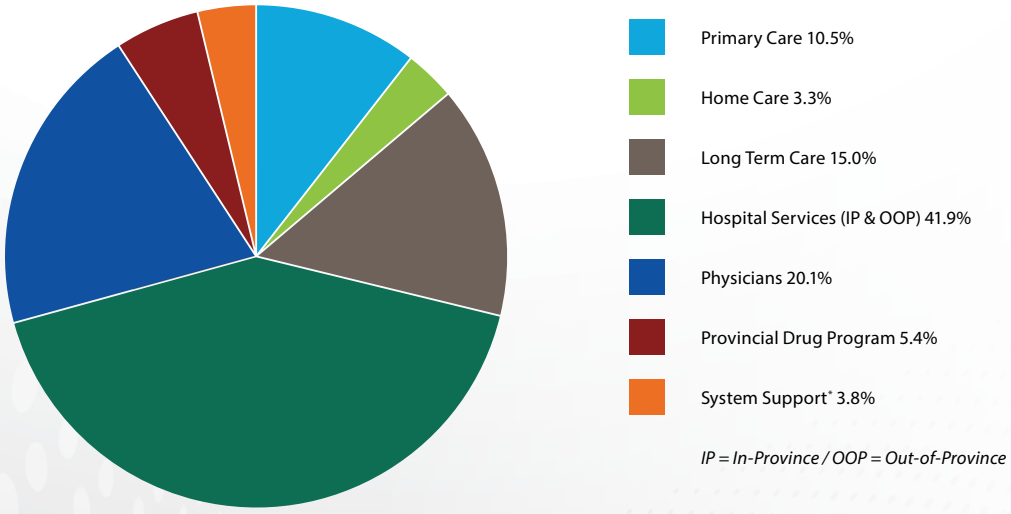
Hospital Services
Expenses relating to acute nursing care, ambulatory care, laboratory, DI, pharmacies, ambulance services, the Clinical Information System, renal services and out-of-province medical care for Islanders.

Physicians
Expenses relating to services provided by physicians and programs for physicians, including: primary health care, acute medical care, specialty medical care and the Medical Residency Program.

Provincial Drug Programs
Expenses relating to the provision of pharmacare programs, including: the Seniors Drug Cost Assistance Program, Social Assistance Drug Cost Assistance Program and High Cost Drugs Program.

System Support Services
Expenses relating to the provision of centralized, corporate support services including: strategic planning and evaluation, risk management, quality and safety, human resource management, financial planning and analysis, financial accounting and reporting, materials management and health information management.

2021-22 Expenses by Sector (Actual)



HEALTH PEI
by the Numbers

EMPLOYEES*	2019/20	2020/21	2021/22
Nursing (NPs, RNs, LPNs, RCWs & PCWs)	1,774	2,280	1,862
Administration and Management	206	213	240
Lab Technicians	163	188	161
Secretarial/Clerical	271	302	277
Utility Worker/Service Worker	401	534	394
Other Health Professionals and Support Staff	1,100	1,299	1,187
MEDICAL STAFF			
Family Physicians	124.85	124.15	126.65
Specialists	111.55	114.85	119.4
Residents	10	10	10
HOSPITAL-BASED SERVICE VOLUMES ACROSS HEALTH PEI			
Patient Days	166,127	147,887	160,117
Discharged Patients	15,200	14,036	14,569
Average Variance between Length of Stay and Expected Length of Stay (Days)	2.37	1.60	2.26
Alternate Level of Care (ALC) Patient Days	32,846	26,338	37,487
Average ALC Beds as a % of Total Medical Beds	44.0%	48.0%	60.0%
Emergency Department (ED) Visits	91,759	77,854	86,151
Emergency Hold Patient Days	5,738	5,080	4,189
Surgical Procedures	10,080	9,781	9,928
Admissions (excludes Hillsborough Hospital)	14,855	13,749	14,191
Average Length of Stay (days) (excludes Hillsborough Hospital)	9.76	8.51	9.93
Number of Diagnostic Imaging Tests	152,302	149,399	159,670
Number of Laboratory Tests Ordered	2,499,953	2,190,526**	2,419,822
LONG-TERM CARE (PUBLIC FACILITIES ONLY)			
Occupancy Rate	98.1%	95.3%	93.1%
Number of Long-Term Care Admissions	240	192	135
Number of Long-Term Care Beds	598	622	622
Number of Long-Term Care Homes	9	9	9
Average Length of Stay (years)	3.3	2.8	3.6
HOME CARE			
Number of Clients Served by Home Care	4,456	4,834	4,929
Number of Home Care Clients that are 75+ years old	2,462	2,520	2,830
MENTAL HEALTH AND ADDICTIONS			
Community Mental Health Provincial – Referrals	5,616	5,199	5,513
Community Mental Health – Crisis Response	2,028	1,458	2,188
Addiction Services – Total Admissions	2,873	2,445	2,551
PRIMARY CARE			
Primary Care Visits	140,519	128,716	125,314

** Permanent full-time equivalents.*

*** Despite increased COVID-19 testing volumes, data reflects a decrease in overall requests due to the following pandemic related factors: 1) decreased hospital capacity resulting in less inpatient orders, 2) outpatient collections limited to transplant, renal, and cancer care patients (i.e. no routine bloodwork), and 3) reduced physician office visits leading to less offsite requests.*

REFERENCES

1. Health PEI Strategic Plan 2021-2024.
2. *Health Services Act*, R.S.P.E.I 1988, c H-1.6.
3. *Financial Administration Act*, R.S.P.E.I. 1988, c F-9.
4. Accreditation Canada QMentum Governance Standards.
5. Accreditation Canada QMentum Leadership Standards.
6. Canadian Patient Safety Institute and Health Services Organization, Canadian Quality and Patient Safety Framework for Health Services 2020.
7. Department of Health and Wellness 2019-2022 Strategic Plan.

APPENDIX A
Organizational Structure

APPENDIX B
Health PEI Scorecard

Priority	Indicator	Target	2020-2021	2021-2022
Goal 1: People				
Vacancy Rate[1]	The vacancy rate reflects the percentage (%) of Heath PEI's Nursing and Allied Health positions/Full-time Equivalent (FTEs) that are vacant. A vacant position/FTE is defined as a Health PEI position/FTE that is intended to be recruited for and/or filled.	12%	N/A	N/A
Turn Over Rate[2]	N/A	N/A	N/A	N/A
Sick Time (FTE)	Sick Days per Budgeted Full-time Equivalent (FTE)	10.52	10.44	12.19
Overtime - Average Overtime Days by FTE	Average overtime days per full-time equivalent (Total Overtime Hours / Number of FTEs reported in days)	6	8.00	6.09
Employee Incidents (violence, injuries)[3]	Number of workplace violence incidents and injuries reported by hospital workers within a 12 month period (severity levels 2- 5)	N/A	N/A	N/A
Goal 2: Quality and Safety				
Rate of Patient Safety Events (Acute Care Falls, Medication and Fluid Incidents)	Rate of falls per 1,000 patient days for severity level 2 - 5)	< 5 per 1,000 patient days	5.73	5.17
	Rate of medication or fluid incidents per 1,000 patient days for severity level 2 - 5)	< 5 per 1,000 patient days	4.38	3.86
Hospital Deaths: Hospital Standardized Mortality Ratio (HSMR)	The ratio of the actual number of in-hospital deaths in a region or hospital to the number that would have been expected based on the types of patients a region or hospital treats	95	122	N/A*
Patient Experience	Percentage of acute care clients who always felt that they were involved in their health care decisions as much as they wanted. Results highlight opportunities for care providers and decision-makers to develop improvement initiatives that respond to patient preferences and needs. Data available from 2022-23 onwards.	N/A	N/A	N/A
Goal 3: Access and Coordination				
Percent of Low Acuity ED Visits	Total number of low acuity emergency department visits/Total number of emergency department visits	44%	41.9%	42.8%
Number of Patients with Ambulatory Care Sensitive Conditions (ACSC) Admitted to Hospital	Age standardized acute care hospitalization rate for conditions where appropriate ambulatory care prevents or reduces the need for hospitalization per 100,000 populations under age 75 years	< 420 admissions	287	287
Wait Times (Community Programs, Community MHA - Psychiatry) (Under Validation)[2]	The average number of days a person with priority assignment waited for community mental health services, from the initial referral to the first scheduled session. The first scheduled session means the first appointment offered to and accepted by the client, regardless of whether they attended the appointment.	100% within 7 days	30.9%	32.5%
	The average number of days a person with priority assignment waited for community psychiatry services, from the initial referral to the first scheduled session. The first scheduled session means the first appointment offered to and accepted by the client, regardless of whether they attended the appointment.	100% within 7 days	23.6%	15.5%

Priority	Indicator	Target	2020-2021	2021-2022
Goal 3: Access and Coordination (Continued)				
Percentage of Alternate Level of Care (ALC) Days	The proportion of days a patient was assigned to the alternate level of care (ALC) patient service. ALC patients are those who no longer need acute care services but continue to occupy an acute care bed or use acute care resources while waiting to be discharged to a more appropriate care setting.	20%	23%	26.7%
Average Length of Stay (ALOS) in the Frail Senior Program for Discharged Clients (in years)[4]	Average Length of Stay in the Frail Senior Program for Discharged Clients (in years)	0.84 years	N/A	N/A
Rate of LTC Resident Utilization of Inpatient and Emergency Department Services	The number of emergency department visits by public long term care (LTC) residents, per 1,000 resident days. This indicator provides information on how often long term care residents visit an emergency department to address urgent health care needs	< 2 visits per 1000 resident days	1.8	1.6
	The number of inpatient admissions by public long term care (LTC) residents, per 1,000 resident days. This indicator provides information on how often long term care residents are admitted to the hospital to address urgent health care needs	< 5 admissions per 1000 resident days	3.84	6.28
Goal 4: Innovation and Efficiency				
Acute Care Expected Length of Stay (ELOS) Variance	Length of Stay (LOS) Variance: Acute LOS minus Expected LOS (ELOS) (in days)	1.67 days	1.54	2.26
Acute Care ED Time Waiting for Inpatient Bed (TWIB)	The time interval between disposition date/time and the Date/Time Patient Left Emergency Department (ED) for admission to an inpatient bed or operating room.	16 hrs.	49.73	67.62
Acute Care Time to Physician Initial Assessment (CTAS) 1-3	Emergency Department Wait Time for Physician Initial Assessment (TPIA) for Patients with Canadian Triage Acuity Scores 1 to 3 - 90th Percentile (in hours)	3.5 hrs.	4.10	4.80
Percentage of Variance from Budget	Percentage of Variance from Budget	0.5%	0.79%	0.46%

Performance within acceptable range, continue to monitor.

Performance outside of acceptable range, continue to monitor.

Performance is significantly out of acceptable range, take action and monitor progress.

[1] New indicator methodology, historical information not currently available FY2022-2023 is 15%
[2] Methodology Under development by Human Resources
[3] Indicator currently under development/validation
[4] Currently under development as Home Care has transitioned to new electronic System (AlayaCare) and data is not yet available
[*] Not available until published by Canadian Institutes of Health Information

APPENDIX C
Audited Financial Statements

HEALTH PEI

Financial Statements
March 31, 2022

Management's Report

Management's Responsibility for the Financial Statements

The financial statements have been prepared by management in accordance with Canadian Public Sector Accounting Standards and the integrity and objectivity of these statements are management's responsibility. Management is responsible for the notes to the financial statements and for ensuring that this information is consistent, where appropriate, with the information contained in the financial statements.

Management is responsible for implementing and maintaining a system of internal control to provide reasonable assurance that reliable financial information is produced.

Management is accountable to the Board of Directors of Health PEI on matters of financial reporting and internal controls. Management provides internal financial reports to the Board of Directors on a regular basis and externally audited financial statements annually.

The Office of the Auditor General conducts an independent examination, in accordance with Canadian generally accepted auditing standards and expresses their opinion on the financial statements. The Office of the Auditor General has full and free access to financial information and management of Health PEI to meet as required.

On behalf of Health PEI

Dr. Michael A. Gardam
Chief Executive Officer

Pat Ryan
Comptroller

June 30, 2022

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of Health PEI

Opinion

I have audited the financial statements of **Health PEI**, which comprise the statement of financial position as at March 31, 2022 and the statements of operations and accumulated surplus, changes in net debt, and cash flow for the year then ended, and notes to the financial statements including a summary of significant accounting policies.

In my opinion, the financial statements present fairly, in all material respects, the financial position of Health PEI as at March 31, 2022, and the results of its operations, changes in net debt, and cash flow for the year then ended in accordance with Canadian Public Sector Accounting Standards.

Basis for Opinion

I conducted the audit in accordance with Canadian generally accepted auditing standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am independent of Health PEI in accordance with the ethical requirements that are relevant to my audit of the financial statements in Canada, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian Public Sector Accounting Standards and for such internal control that management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing Health PEI's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless an intention exists to liquidate or cease the operations of Health PEI, or there is no realistic alternative but to do so.

Those charged with governance are responsible for overseeing Health PEI's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error

and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, I exercise professional judgment and maintain professional skepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Health PEI's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on Health PEI's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause Health PEI to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Darren Noonan, CPA, CA
Auditor General

Elvis Alisic, CPA, CA
Audit Director

Charlottetown, Prince Edward Island
June 30, 2022

HEALTH PEI
Statement of Financial Position
March 31, 2022

	2022 $	2021 $
Financial Assets		
Cash	12,416,147	11,150,844
Restricted cash (Note 2b)	1,412,115	1,339,623
Accounts receivable (Note 4)	47,383,106	19,747,449
Due from the Department of Health and Wellness	78,263,210	88,188,059
	139,474,578	120,425,975
Liabilities		
Accounts payable and accrued liabilities (Note 7)	136,868,949	126,674,129
Employee future benefits (Note 8)	91,874,492	87,803,126
Deferred donations (Note 2b)	1,412,115	1,339,623
Deferred revenue (Note 9)	3,654,620	2,548,068
	233,810,176	218,364,946
Net Debt	(94,335,598)	(97,938,971)
Non Financial Assets		
Tangible capital assets (Note 12)	245,260,314	243,796,886
Inventories of supplies (Note 5)	10,954,412	14,392,456
Prepaid expenses (Note 6)	3,066,507	3,200,089
	259,281,233	261,389,431
Accumulated Surplus	164,945,635	163,450,460
Supplementary Information		
Trusts under administration (Note 17)	1,268,776	1,278,882

(The accompanying notes are an integral part of these financial statements.)

Approved on behalf of Health PEI

Chair, Board of Directors

Board Member

HEALTH PEI

Statement of Operations and Accumulated Surplus
for the year ended March 31, 2022

	Budget (Note 20) 2022	2022	2021
	$	$	$
Revenues			
Operating grants:			
Province of Prince Edward Island:			
Department of Health and Wellness	751,551,400	748,120,818	713,592,841
Covid-19 Response and Recovery Fund (Note 19)	-	17,400,056	2,662,356
Federal Government	5,250,600	5,884,220	4,965,706
Fees - patient and client (Note 15)	22,289,000	21,815,597	24,204,706
Food services	1,141,400	943,904	903,270
Sales	579,400	337,666	326,264
Other	1,448,800	7,999,634	2,171,859
Operational Revenues	782,260,600	802,501,895	748,827,002
Capital grants:			
Province of Prince Edward Island:			
Department of Health and Wellness	22,209,900	10,516,188	5,595,181
Other capital contributions	6,334,200	9,346,206	5,328,755
Capital Revenues	28,544,100	19,862,394	10,923,936
	810,804,700	822,364,289	759,750,938
Expenses (Note 21)			
Community Hospitals	27,953,700	29,521,229	27,509,336
Acute Care	199,174,300	203,017,943	194,213,412
Addiction Services	14,564,900	14,564,542	14,223,980
Acute Mental Health	23,192,200	22,307,404	21,273,180
Community Mental Health	20,750,400	19,486,585	18,229,278
Long Term Care	77,116,700	80,536,427	78,103,845
Private Nursing Home Subsidies	35,340,900	36,835,179	36,073,249
Public and Dental Health	16,043,900	22,725,007	13,690,842
Professional Practice and Chief Nursing Office	3,423,000	3,347,802	3,115,922
Provincial Pharmacare Programs	42,257,200	43,680,095	40,668,965
Home Care, Palliative, and Geriatric Care	30,288,700	29,147,512	24,332,785
Provincial Laboratory and Diagnostic Imaging	34,999,300	38,266,217	36,541,665
Provincial Hospital Pharmacies	8,295,300	8,330,933	8,337,463
Corporate and Support Services	16,271,800	16,877,507	14,729,229
Financial Services	8,760,400	8,733,911	8,649,355
Medical Programs - In Province	146,345,400	149,424,576	141,541,621
Medical Programs - Out of Province	52,825,400	47,435,364	42,246,600
Primary Care and Chronic Disease	24,657,100	28,263,662	25,346,275
Program and Service Expenses	782,260,600	802,501,895	748,827,002
Amortization of tangible capital assets	20,541,400	18,367,219	20,742,480
	802,802,000	820,869,114	769,569,482
Annual Surplus (Deficit) (Note 16)	8,002,700	1,495,175	(9,818,544)
Accumulated Surplus, beginning of year		163,450,460	173,269,004
Accumulated Surplus, end of year		164,945,635	163,450,460

(The accompanying notes are an integral part of these financial statements.)

HEALTH PEI

Statement of Changes in Net Debt
for the year ended March 31, 2022

	Budget 2022	2022	2021
	$	$	$
Net Debt, beginning of year	(97,938,971)	(97,938,971)	(90,603,276)
Changes in year:			
Annual surplus (deficit)	8,002,700	1,495,175	(9,818,544)
Acquisition of tangible capital assets	(28,544,100)	(19,862,394)	(10,923,936)
Proceeds on disposal of tangible capital assets	-	129,560	206,104
Amortization of tangible capital assets	20,541,400	18,367,219	20,742,480
Gain on disposal of tangible capital assets	-	(97,813)	(193,413)
Decrease (increase) in inventories of supplies	-	3,438,044	(7,069,534)
Decrease (increase) in prepaid expenses	-	133,582	(278,852)
Change in Net Debt	-	3,603,373	(7,335,695)
Net Debt, end of year	(97,938,971)	(94,335,598)	(97,938,971)

(The accompanying notes are an integral part of these financial statements.)

HEALTH PEI

Statement of Cash Flow
for the year ended March 31, 2022

	2022	2021
	$	$
Cash provided (used) by:		
Operating Activities		
Surplus (deficit) for the year	1,495,175	(9,818,544)
Gain on disposal of tangible capital assets	(97,813)	(193,413)
Amortization of tangible capital assets	18,367,219	20,742,480
Changes in:		
Accounts receivable	(27,635,657)	(2,305,253)
Due from the Department of Health and Wellness	9,924,849	(4,870,855)
Accounts payable and accrued liabilities	10,194,820	13,679,576
Employee future benefits	4,071,366	5,010,057
Deferred revenue	1,106,552	383,671
Inventories of supplies	3,438,044	(7,069,534)
Prepaid expenses	133,582	(278,652)
Cash provided by operating activities	20,998,137	15,279,333
Capital Activities		
Acquisition of tangible capital assets	(19,862,394)	(10,923,936)
Proceeds on disposal of tangible capital assets	129,560	206,104
Cash used by capital activities	(19,732,834)	(10,717,832)
Change in cash	1,265,303	4,561,501
Cash, beginning of year	11,150,844	6,589,343
Cash, end of year	12,416,147	11,150,844

(The accompanying notes are an integral part of these financial statements.)

1. Nature of Operations

Health PEI is a provincial Crown corporation established on April 1, 2010 and operates under the authority of the *Health Services Act*. Health PEI is a government organization named in Schedule B of the *Financial Administration Act* and reports to the Legislative Assembly through the Minister of the Department of Health and Wellness. The mandate of Health PEI is to be responsible for the operation and delivery of all publicly funded health services in the Province of Prince Edward Island. These services are categorized as follows:

Community Hospitals	Home Care, Palliative, and Geriatric Care
Acute Care	Public and Dental Health
Addiction Services	Professional Practice and Chief Nursing Office
Acute Mental Health	Provincial Laboratory and Diagnostic Imaging
Community Mental Health	Provincial Hospital Pharmacies
Long Term Care	Corporate and Support Services
Private Nursing Home Subsidies	Financial Services
Provincial Pharmacare Programs	Medical Programs - In Province
Primary Care and Chronic Disease	Medical Programs - Out of Province

Health PEI is a provincial Crown corporation and as such is not subject to taxation under the federal *Income Tax Act*.

2. Summary of Significant Accounting Policies

Basis of Accounting

These financial statements are prepared by management in accordance with Canadian Public Sector Accounting Standards (PSAS) established by the Canadian Public Sector Accounting Board (PSAB).

Since Health PEI has no unrealized remeasurement gains or losses attributable to foreign exchange, derivatives, portfolio investments, or other financial instruments, a statement of remeasurement gains and losses is not prepared.

a) Cash

Cash includes cash on hand and balances on deposit with financial institutions, net of overdrafts.

b) Restricted Cash

Restricted cash consists of funds received as donations by a health facility or program that are restricted for the purchase of equipment, supplies, and/or other needs of the specific facility or program.

2. Summary of Significant Accounting Policies (continued...)

c) Accounts Receivable

Accounts receivable are recorded at cost less any provision when collection is in doubt. The provision includes specific receivables which are known to be doubtful and an estimated unrecoverable amount for receivables taking into consideration receivable age, customer specifics, and historical success in recoveries.

d) Inventories of Supplies

Inventories of supplies, as described in Note 5, are recorded at the lower of the moving average and replacement cost. Supplies held on nursing units and other hospital departments are estimated based on stock levels and cost. Damaged, obsolete, or otherwise unusable inventory is expensed as identified. Inventories of supplies that are resold to the public are not segregated due to their immaterial value.

e) Prepaid Expenses

Prepaid expenses, as described in Note 6, are amounts paid for in advance of the receipt of service and are charged to expenses over the period the service is consumed.

f) Due from the Department of Health and Wellness

Amounts due to or from the Department of Health and Wellness arise from the difference between cash flows provided to Health PEI and expenditures incurred up to a maximum of the approved grant from the Department. These balances have no repayment terms and are non-interest bearing.

g) Tangible Capital Assets

Tangible capital assets are recorded at cost, which includes amounts that are directly related to the acquisition, design, construction, development, improvement, and/or betterment of the assets. Cost includes overhead directly attributable to construction and development. Interest, if any, on capital projects is expensed as incurred.

For each category of tangible capital assets, only assets meeting a minimum dollar threshold for that category are recorded as capital assets.

The cost of assets under construction is not amortized until construction is complete and the asset is available for use. In the year of acquisition, one half of the annual amortization is recorded.

2. Summary of Significant Accounting Policies (continued...)

The cost of the tangible capital assets, excluding land, is amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	40 years
Building improvements	10 years
Leasehold improvements	Lease term
Paving	10 years
Equipment	5 years
Computer hardware	5 years
Computer software systems	5-20 years
Motor vehicles	5 years

Tangible capital assets are written down when conditions indicate they no longer contribute to Health PEI's ability to provide goods and services, or when the value of the future economic benefits associated with the tangible capital assets are less than their net book value. Write-downs are expensed when identified.

h) Deferred Revenue

Deferred revenue includes contributions received pursuant to legislation, regulation, or agreement and may only be used in the conduct of certain programs or in the delivery of specific services and transactions. These amounts are recognized as revenue when the contributions received are used as intended.

i) Employee Future Benefits

Employee future benefits include retirement allowance and accumulating non-vesting sick leave. A liability for employee future benefits has been included in these financial statements.

The cost and obligations of these employee future benefits are actuarially determined using management's best estimate of the assumptions disclosed in Note 8. The assumptions used in the valuation of costs and obligations were selected by Health PEI. These assumptions are in accordance with generally accepted actuarial practice.

j) Revenues

Revenues are recorded on an accrual basis in the period in which the transaction or event which gave rise to the revenue occurred. When accruals cannot be determined with a reasonable degree of certainty or when their estimation is impracticable, revenues are recorded as received.

Province of Prince Edward Island and federal government transfers, defined as operating or capital, are recognized as revenues when the transfer is authorized and any eligibility criteria are met, except to the extent that transfer stipulations give rise to an obligation

2. Summary of Significant Accounting Policies (continued...)

that meets the definition of a liability. Transfers are recognized as deferred revenue when transfer stipulations give rise to a liability. Transfer revenue is recognized in the statement of operations as the stipulation liabilities are settled.

k) Expenses

Expenses are recorded on an accrual basis in the period in which the transaction or event which gave rise to the expense occurred.

Transfers include entitlements, grants, and transfers under cost shared agreements. Grants and transfers are recorded as expenses when the transfer is authorized, eligibility criteria have been met by the recipient, and a reasonable estimate of the amount can be made.

l) Foreign Currency Translation

Monetary assets and liabilities denominated in foreign currencies are translated into Canadian dollars at the exchange rate prevailing at year-end. Foreign currency transactions are translated at the exchange rate prevailing at the date of the transaction.

Health PEI has limited exposure to foreign currency, as substantially all of its transactions are conducted in Canadian dollars and year-end foreign currency balances are not significant.

m) Measurement Uncertainty

Measurement uncertainty exists in financial statements when recorded amounts are based on assumptions or estimates. When estimates are used, it is possible that there could be a material variance between the recorded amount and another reasonably possible amount. The accuracy of estimates depends on the completeness and quality of information available at the time of preparation of the financial statements. Estimates are adjusted to reflect new information as it becomes available.

Measurement uncertainty exists in these financial statements in the accruals for such items as retirement and sick leave benefits, accounts receivable, and recovery of assessments arising from internal audits of physician billings. Measurement uncertainty also exists in the estimate of useful life of tangible capital assets, inventory of supplies held on nursing units and other departments, accrued liabilities for out-of-province and in-province health services including academic funding premiums payable to Nova Scotia, and negotiated settlements with unions and other employees.

The nature of uncertainty in the accruals for employee retirement and sick leave benefits arises because actual results may differ significantly from Health PEI's various assumptions about plan members and economic conditions in the market place.

2. Summary of Significant Accounting Policies (continued...)

Uncertainty related to amounts receivable arises due to assumptions on economic conditions in the market place and the financial health of recipients. The nature of uncertainty, related to academic funding premiums payable to Nova Scotia, arises as negotiations are required to settle on the amounts owing.

Due to the global pandemic from COVID-19, additional uncertainty exists. Best estimates have been used to reflect the impacts of the pandemic. However, changes in future conditions could materially change the amounts disclosed in the financial statements.

n) Future Changes in Accounting Standards

The Public Sector Accounting Board has issued new accounting standards or amendments to standards that are not in effect as of the date of these financial statements, and include the following:

- Effective April 1, 2022 - *PS 3280 Asset Retirement Obligations* defines and provides guidance for accounting and reporting retirement obligations associated with tangible capital assets and includes the withdrawal of *PS 3270 Solid Waste Landfill Closure and Post-Closure Liability*.
- Effective April 1, 2023 - *PS 3400 Revenue*, to provide guidance on how to account for and report on revenue from exchange and non-exchange transactions.

The new accounting standards have not been applied in preparing these financial statements. Health PEI is currently assessing the impact of these new standards, and the extent of the impact of their adoption on the financial statements has not yet been fully determined.

3. Financial Instruments

Financial instruments are any contracts that give rise to financial assets of one entity and financial liabilities of another entity. Financial assets represent cash or a contractual right to receive cash in the future and financial liabilities represent a contractual obligation to deliver cash in the future. Health PEI's financial instruments consist of cash, accounts receivable, amounts due from the Department of Health and Wellness, accounts payable and accrued liabilities. Due to their short-term nature, the carrying value of these financial instruments approximate their fair value.

Risk Management

Health PEI is exposed to a number of risks as a result of the financial instruments on its statement of financial position that can affect its operating performance. These risks include credit and liquidity risk. Health PEI's financial instruments are not subject to significant market, interest rate, foreign exchange, or price risk.

3. Financial Instruments (continued...)

Credit Risk

Health PEI is exposed to credit risk with respect to accounts receivable. Health PEI has a collection policy and monitoring processes intended to mitigate potential credit losses. Health PEI maintains provisions for potential credit losses that are assessed on an on-going basis. The provision for doubtful accounts is disclosed in Note 4.

Health PEI considers fees and revenues receivable that are past due and not impaired to be of good credit quality. Fees and revenues receivable past due but unimpaired are as follows:

	2022 $	2021 $
61-90 days	185,998	690,918
91-180 days	776,085	784,645
Greater than 180 days	2,479,051	449,897
	3,441,134	1,925,460

Liquidity Risk

Health PEI is subject to minimal liquidity risk. Liquidity risk is the risk that Health PEI will not be able to meet its financial obligations as they fall due. Health PEI's approach to managing liquidity is to evaluate current and expected liquidity requirements, and to communicate these requirements with the Province of Prince Edward Island to ensure that provincial funding grant payments are timed accordingly.

4. Accounts Receivable

	2022 $	2021 $
Fees and revenues receivable	9,457,439	6,709,313
Drug product rebates (PLA agreements)	13,285,158	8,249,250
Assessments of physician billings	658,789	669,308
Hospital foundations	3,707,272	2,231,792
Province of Prince Edward Island		
Covid-19 Response and Recovery Fund	17,400,056	-
Other	3,062,390	989,202
Employee advances	255,444	302,350
Other	2,787,820	3,391,192
	50,614,368	22,542,407
Less: provision for doubtful accounts	(3,231,262)	(2,794,958)
	47,383,106	19,747,449

4. Accounts Receivable (continued...)

The aging of fees and revenues receivable is as follows:

	2022 $	2021 $
Current	3,215,188	2,480,890
61-90 days past due	204,494	726,513
91-180 days past due	854,539	823,057
Greater than 180 days past due	5,183,218	2,678,853
	9,457,439	6,709,313

5. Inventories of Supplies

	2022 $	2021 $
Medical, surgical and general supplies	5,467,910	5,421,132
Personal protective equipment	3,010,655	6,640,100
Drugs	2,475,847	2,331,224
	10,954,412	14,392,456

Recognizing the volatility in the price of personal protective equipment (PPE) caused by supply chain issues during the COVID-19 pandemic, Health PEI has reviewed the moving average and replacement cost of PPE on hand at March 31, 2022. As a result of significant decreases in the replacement cost of PPE, and in accordance with Health PEI's accounting policy on inventories of supplies, a write down of $2,949,787 of PPE has been applied at March 31, 2022.

6. Prepaid Expenses

	2022 $	2021 $
Maintenance contracts	886,838	977,260
Workers Compensation Board fees	1,847,118	1,876,045
Other	332,551	346,784
	3,066,507	3,200,089

7. Accounts Payable and Accrued Liabilities

	2022 $	2021 $
Accounts payable	26,982,005	25,529,661
Accrued liabilities	55,255,085	40,173,050
Salaries and benefits payable	25,941,547	35,324,428
Accrued vacation pay	28,690,312	25,646,990
	136,868,949	126,674,129

8. Employee Future Benefits

a) Retirement Allowance

Health PEI provides a retirement allowance to its permanent employees in accordance with the applicable collective agreement. The amount paid to eligible employees at retirement is one week's pay per year of eligible service based on the rate of pay in effect at the retirement date to the maximum specified in the applicable collective agreement. These benefits are unfunded. The benefit costs and liabilities related to these allowances are included in these financial statements.

The most recent actuarial valuation for accounting purposes prepared by the actuarial consulting firm LifeWorks (formerly Morneau Shepell), disclosed an accrued benefit obligation of $57,514,700 as at April 1, 2020. The total liability is projected by Health PEI in the years between the tri-annual valuations.

The economic assumptions used in the determination of the actuarial value of the accrued retirement allowance were developed by reference to the expected long-term borrowing rate of the Province of Prince Edward Island as of April 1, 2021.

Significant actuarial assumptions used in the valuation and projections are:

Discount rate: 2.78% (April 1, 2020 - 2.67%)

Expected salary increase: 2.55% per annum and promotional scale

Expected average remaining service life: 13 years

Termination rates: PSPP Termination scale, with no members assumed to terminate after they earn 30 years of service or age 55 years and over with more than two years of service.

Retirement age: varying by age and service, with all employees retiring between the ages of 55 and 66. Employees age 66 and older at the valuation date are assumed to retire one year after the valuation date.

A revised discount rate of 3.55% at April 1, 2022 has also been applied resulting in a decrease of $4,350,701 to the accrued benefit obligation and a corresponding increase in the unamortized gains and losses at March 31, 2022.

8. Employee Future Benefits (continued...)

	2022 $	2021 $
Balance, beginning of year	59,048,503	55,349,835
Current service cost	4,752,900	4,835,500
Interest accrued on liability	1,688,411	1,557,503
Amortization of actuarial gains & losses	457,025	503,714
Less: payments made	(3,489,710)	(3,198,049)
Balance, end of year	62,457,129	59,048,503
Gross accrued benefit obligation	58,703,500	60,102,600
Unamortized actuarial gains & losses	3,753,629	(1,054,097)
Net accrued benefit obligation	62,457,129	59,048,503

b) Accrued Sick Leave

Health PEI employees accumulate sick leave credits at a rate of 11.25 hours for each 162.5 paid hours. Members of the excluded (management) group can accumulate to a maximum of 1,950. All other employees can accumulate to a maximum of 1,612.50 hours. An actuarial estimate for this future liability has been completed and forms the basis for the estimated liability reported in these financial statements

The most recent actuarial valuation for accounting purposes prepared by the actuarial consulting firm LifeWorks (formerly Morneau Shepell), disclosed an accrued benefit obligation of $25,874,500 as at April 1, 2020. The total liability is projected by Health PEI in the years between the tri-annual valuations.

The economic assumptions used in the determination of the actuarial value of accrued sick leave benefits were developed by reference to the expected long-term borrowing rate of the Province of Prince Edward Island as at April 1, 2021.

Significant actuarial assumptions used in the valuation and projections are:

Discount rate: 2.78% (April 1, 2020 - 2.67%)

Expected salary increase: 2.55% per annum and promotional scale

Expected average remaining service life: 15 years

Termination rates: PSPP Termination scale, with no members assumed to terminate after they earn 30 years of service or age 55 years and over with more than two years of service.

Retirement age: varying by age and service, with all employees retiring between the ages of 55 and 66. Employees age 55 and older at the valuation date are assumed to retire according to the PSPP retirement scale starting one year after the valuation date.

8. Employee Future Benefits (continued...)

A revised discount rate of 3.55% at April 1, 2022 has also been applied resulting in a decrease of $1,441,321 to the accrued benefit obligation and a corresponding increase in the unamortized gains and losses at March 31, 2022.

	2022 $	2021 $
Balance, beginning of year	28,754,623	27,443,234
Current service cost	3,541,100	3,574,400
Interest accrued on liability	750,212	699,502
Amortization of actuarial gains & losses	(50,781)	(36,264)
Less: payments made	(3,577,791)	(2,926,249)
Balance, end of year	29,417,363	28,754,623
Gross accrued benefit obligation	26,276,600	27,004,400
Unamortized actuarial gains & losses	3,140,763	1,750,223
Net accrued benefit obligation	29,417,363	28,754,623

c) Pension and Other Benefits

i) All permanent employees of Health PEI, other than physicians, participate in the multi-employer contributory defined benefit pension plan as defined by the *Public Sector Pension Plan Act*. This Plan provides a pension on retirement based on two percent of the average salary for the highest three years times the number of years of pensionable service, for service to December 31, 2013, and two percent of the career average salary indexed with cost-of-living adjustments, for service after 2013. Indexing is subject to the funded level of the Plan after December 31, 2016.

The Plan is administered by the Province of Prince Edward Island. Additional information on the pension plan as defined in the *Public Sector Pension Plan Act* can be found in the notes to the Public Accounts of the Province of Prince Edward Island. The Province is responsible for any unfunded liabilities of the Plan. A total of $22,330,938 (2021 - $21,382,002) was contributed towards the Prince Edward Island Public Sector Pension Plan as the employer share of contributions.

ii) Salaried physicians maintain their own personal RRSP accounts to which Health PEI makes contributions in accordance with the Master Agreement between the Medical Society of Prince Edward Island and the Province of Prince Edward Island. Health PEI's contributions are equivalent to nine percent of the physician's base salary and shall not exceed 50 percent of the maximum permissible contribution provided for in the *Income Tax Act*. Health PEI's liability is limited to its required contributions in accordance with the agreement. A total of $1,641,803 (2021 - $1,478,757) was contributed towards salaried physicians' personal RRSP accounts.

8. Employee Future Benefits (continued...)

iii) The Public Sector Group Insurance Plan provides life insurance, long-term disability, and health and dental benefits to eligible employees of Health PEI. The Plan is administered by a multi-employer, multi-union Board of Trustees who are responsible for any unfunded liabilities of the Plan. The cost of insured benefits reflected in these financial statements are the employer's portion of the insurance premiums owed for employee coverage during the period.

9. Deferred Revenue

Deferred revenues set aside for specific purposes as required either by legislation, regulation, or agreement as at March 31, 2022:

	Balance, beginning of year $	Receipts during year $	Transferred to revenue $	Balance, end of year $
Health promotion projects	2,548,068	7,079,330	(5,972,778)	3,654,620

10. Contractual Rights

Health PEI has entered into a number of multi-year contracts. Any contractual rights will become revenue and assets in the future when the terms of the contracts are met. Significant rights for the next year include the Official Languages Health Program for $250,000.

11. Contingent Liabilities

Health PEI is subject to legal actions arising in the normal course of business. At March 31, 2022, there were a number of outstanding claims arising from legal actions in progress. The cost, if any, of most of the claims outstanding will be paid through the Prince Edward Island Self-Insurance and Risk Management Fund. The Fund provides risk management services, as well as general liability insurance, errors and omissions insurance, primary property and crime insurance, and automobile liability insurance for provincial government entities in Prince Edward Island. The Fund is administered by the Province of Prince Edward Island and the Province is responsible for any liabilities of the Fund.

12. Tangible Capital Assets

	Land and land improvements	Buildings and improvements	Equipment and vehicles	Computer hardware and software	2022 Total	2021 Total
	$	$	$	$	$	$
Cost						
Opening balance	3,602,661	325,157,876	77,520,112	58,177,463	464,658,112	468,232,431
Additions	214,403	7,783,667	9,750,593	2,113,831	19,862,394	10,923,936
Disposals	-	(31,747)	(1,026,622)	-	(1,058,369)	(349,100)
Adjustments[1]	-	(136,475)	(193,924)	(36,312)	(366,711)	(14,149,155)
Closing balance	4,017,064	332,773,221	86,050,159	60,254,982	483,095,426	464,658,112
Accumulated Amortization						
Opening balance	1,205,773	118,064,801	53,732,547	47,858,105	220,861,226	214,604,310
Disposals	-	-	(1,026,622)	-	(1,026,622)	(336,409)
Amortization	98,342	8,267,086	8,539,324	1,462,467	18,367,219	20,742,480
Adjustments	-	(136,475)	(193,924)	(36,312)	(366,711)	(14,149,155)
Closing balance	1,304,115	126,195,412	61,051,325	49,284,260	237,835,112	220,861,226
Net book value	2,712,949	206,577,809	24,998,834	10,970,722	245,260,314	243,796,886

[1]Management of Health PEI annually review buildings, computer hardware and software, equipment and vehicles to identify assets that have been fully amortized in previous years, and are no longer in use. As a result, Health PEI has recorded a combined adjustment of $366,711 (2021 - $14,149,155) to both cost and accumulated amortization of the above asset classes, resulting in a net adjustment of $0 to the net book value.

Cost at March 31, 2022 includes assets under construction as follows:

	2022 $	2021 $
Queen Elizabeth Hospital	1,097,999	113,632
Prince County Hospital	944,507	208,321
Kings Country Memorial Hospital	1,171,595	-
Community Health Centres	45,911	-
Other buildings - major improvements	332,729	72,743
Leasehold improvements	170,692	-
Equipment	2,315,702	1,803,817
Computer hardware and software	3,272,885	1,609,734
	9,352,020	3,808,247

13. Contractual Obligations

Health PEI has entered into a number of multi-year contracts. These contractual obligations will become liabilities in the future when the terms of the contracts are met. Significant obligations for the next five years and beyond include:

	2023 $	2024 $	2025 $	2026 $	2027 $	Thereafter $
Private nursing homes	27,407,911	-	-	-	-	-
Private medical clinics	3,581,625	-	-	-	-	-
IT maintenance	3,129,924	2,174,691	2,174,691	2,174,691	2,174,691	2,174,691
PEI Medical Society	2,269,999	2,269,999	-	-	-	-
Maintenance contracts	1,981,665	1,995,022	1,597,729	1,545,754	1,328,574	2,680,156
Education funds	1,130,000	800,000	-	-	-	-
Facility rental	666,600	684,750	-	-	-	-
Other	5,618,417	2,917,608	1,328,595	1,150,279	638,991	442,412
	45,786,141	10,842,070	5,101,015	4,870,724	4,142,256	5,297,259

Health PEI has $7,999,082 in outstanding contractual commitments for capital projects that commenced on or before March 31, 2022 and are still incomplete.

14. Related Party Transactions

Health PEI is related in terms of common ownership to all Province of PEI departments, agencies, boards and commissions. Related parties also include key management personnel having the authority and responsibility for planning, directing and controlling the activities of Health PEI. This includes the Chief Executive Officer, members of the senior management team, members of the Board of Directors and their close family members. Related party transactions with key management personnel consist primarily of compensation related payments to senior management and are considered to be undertaken on similar terms and conditions to those adopted if the entities were dealing at arm's length.

The Province of Prince Edward Island has centralized some of its administrative activities for efficiency and cost-effectiveness purposes. As a result, the Province of Prince Edward Island uses a shared services model so that one department performs services for other departments, agencies, boards and commissions without charge. The cost of these services, such as Information Technology Shared Services provided by the Province of Prince Edward Island to Health PEI and use of several facilities and certain maintenance services, are not recognized in the financial statements. Health PEI is responsible for most operational and maintenance costs relating to these facilities.

14. Related Party Transactions (continued...)

Health PEI had the following transactions with the Province of Prince Edward Island and other government controlled organizations:

	2022 $	(Restated) 2021 $
Transfers from the Province of Prince Edward Island:		
Operating grant - Department of Health and Wellness	748,120,818	713,592,841
Covid-19 Response and Recovery Fund	17,400,056	2,662,356
Capital grant - Department of Health and Wellness	10,516,188	5,595,181
Salary recoveries	2,084,221	2,023,971
Other sales and expenses	4,312,203	1,948,475
	782,433,486	725,822,824
Transfers to the Province of Prince Edward Island:		
Salary reimbursements	1,403,993	1,021,608
Insurance premiums	3,421,831	2,626,940
Public Service Commission	660,604	641,630
Property taxes	358,454	346,849
Computer hardware & software	1,790,994	1,385,406
Other expenses	3,156,364	2,241,351
	10,792,240	8,263,784

Included within the accounts receivable balance at year-end are $20,462,446 (2021 - $989,202) of transfers due from the Province of Prince Edward Island. Included within the accounts payable balance at year-end are $6,694,287 (2021 - $2,023,927) of transfers due to the Province of Prince Edward Island.

15. Fees - Patient and Client

	2022 $	2021 $
Long Term Care resident fees	12,646,989	13,659,054
Hospital medical services:		
Non-residents	4,447,571	4,350,397
Uninsured hospital services - workers compensation	1,228,267	1,801,808
Other uninsured hospital services	3,317,588	4,212,977
Hospital preferred room accommodations	169,347	174,937
Other	5,835	5,533
	21,815,597	24,204,706

16. Annual Surplus (Deficit)

Each year Health PEI is granted an operating and capital budget appropriation. The operating budget includes revenues and expenses associated with providing daily health services. The capital budget includes spending and funding related to acquisition, construction, development and betterment of tangible capital assets. Amortization expenses are budgeted by the Province as described in Note 20. Throughout the fiscal year, Health PEI regularly communicates with the Department of Health and Wellness and the Department of Finance on the expected operational results for the year and action plans developed to address potential deficits. If the required funds are not available within the existing appropriation, a request for a special warrant is prepared to seek additional funding.

The annual surplus for the year ended March 31, 2022 was comprised of:

	Operational $	Capital $	2022 $
Grants - Province of Prince Edward Island:			
Department of Health and Wellness	748,120,818	10,516,188	758,637,006
Covid-19 Response and Recovery Fund	17,400,056	-	17,400,056
Other revenues	36,981,021	9,346,206	46,327,227
Total revenues	802,501,895	19,862,394	822,364,289
Program and service expenses	802,501,895	-	802,501,895
Amortization	-	18,367,219	18,367,219
Surplus	-	1,495,175	1,495,175

17. Trusts Under Administration

At March 31, 2022, the balance of funds held in trust for residents of facilities in Long Term Care was $1,268,776 (2021 - $1,278,882). These trusts consist of a monthly comfort allowance provided to Long Term Care residents who qualify for subsidization of resident fees. These amounts do not belong to Health PEI and they are only presented in the statement of financial position as supplementary information.

18. Comparative Figures

Certain 2021 comparative figures have been reclassified to conform with 2022 financial statement presentation.

19. Impact of COVID-19

In March 2020, the World Health Organization declared a global pandemic due to the outbreak of the COVID-19 virus. In Prince Edward Island, the state of public health emergency, which was declared on March 16, 2020 under the *Public Health Act*, was lifted on April 5, 2022.

19. Impact of COVID-19 (continued...)

The COVID-19 pandemic has had a considerable operational impact on Health PEI. Efforts to deal with the pandemic have included temporary reductions in essential services, procurement of additional personal protective equipment (PPE), establishment and operation of COVID-19 testing and vaccination centres, enhancement of laboratory testing capacity, increased use of virtual care service delivery and increased infection control measures throughout the organization. Nationally and globally, the COVID-19 pandemic has caused significant volatility and uncertainty in economic stability and in the supply of goods and services

The financial impact of COVID-19 on revenues and expenditures for Health PEI in the current year have been recognized in these financial statements. Overall financial impacts include lost revenues from uninsured services due to a reduction in interprovincial and international travel by the public, and increased expenditures related to PPE usage, infection control measures and laboratory testing. The Province of Prince Edward Island provided additional funding to Departments and Crown agencies to alleviate the financial impact of dealing with COVID-19 through a central COVID-19 Response and Recovery Contingency Fund. For the year ended March 31, 2022, the Province will reimburse Health PEI $17,400,056 from the Response and Recovery Contingency Fund. For the year ended March 31, 2021, Health PEI received $9,214,656 in COVID-19 funding, including $6,552,300 in its initial budget allocation plus an additional $2,662,356 from the Response and Recovery Contingency Fund.

The future duration and total impact of the COVID-19 pandemic cannot be reasonably estimated at this time.

20. Budgeted Figures

Budgeted figures have been provided for comparative purposes and have been derived from the estimates approved by the Legislative Assembly of the Province of Prince Edward Island.

The budget for amortization of tangible capital assets remains with the Province of Prince Edward Island. For the fiscal year ended March 31, 2022, the Province budgeted $20,541,400 for amortization of Health PEI's tangible capital assets. For comparative purposes, amortization is added to the budget figures.

Subsequent to the tabling of the P.E.I. Estimates of Revenue and Expenditures for year ended March 31, 2022, Health PEI reallocated certain budget amounts among its divisions. The following table shows the reallocation of the original approved budget.

20. Budgeted Figures (continued...)

	Original Approved Budget $	Adjustments Between Divisions $	Budget - Statement of Operations $
Revenues			
Operating grants:			
Province of Prince Edward Island:			
Department of Health and Wellness	751,551,400	-	751,551,400
Federal Government	5,250,600	-	5,250,600
Fees - patient and client	22,289,000	-	22,289,000
Food services	1,141,400	-	1,141,400
Sales	579,400	-	579,400
Other	1,448,800	-	1,448,800
Operational Revenues	782,260,600	-	782,260,600
Capital grants - Dept. of Health and Wellness	22,209,900	-	22,209,900
Other capital contributions	6,334,200	-	6,334,200
Capital Revenues	28,544,100	-	28,544,100
	810,804,700	-	810,804,700
Expenses			
Community Hospitals	27,891,100	62,600	27,953,700
Acute Care	199,265,600	(91,300)	199,174,300
Addiction Services	13,944,300	620,600	14,564,900
Acute Mental Health	23,582,600	(390,400)	23,192,200
Community Mental Health	20,895,500	(145,100)	20,750,400
Long Term Care	77,143,600	(26,900)	77,116,700
Private Nursing Home Subsidies	35,345,700	(4,800)	35,340,900
Public and Dental Health	16,051,600	(7,700)	16,043,900
Professional Practice and Chief Nursing Office	3,269,300	153,700	3,423,000
Provincial Pharmacare Programs	42,266,100	(8,900)	42,257,200
Home Care, Palliative, and Geriatric Care	30,157,800	130,900	30,288,700
Provincial Laboratory and Diagnostic Imaging	35,097,600	(98,300)	34,999,300
Provincial Hospital Pharmacies	8,263,900	31,400	8,295,300
Corporate and Support Services	16,091,000	180,800	16,271,800
Financial Services	8,740,100	20,300	8,760,400
Medical Programs - In Province	146,374,800	(29,400)	146,345,400
Medical Programs - Out of Province	52,873,900	(48,500)	52,825,400
Primary Care and Chronic Disease	25,006,100	(349,000)	24,657,100
Program and Service Expenses	782,260,600	-	782,260,600
Amortization of tangible capital assets	20,541,400	-	20,541,400
	802,802,000	-	802,802,000
Annual Surplus	8,002,700	-	8,002,700

21. Expenses by Type

The following is a summary of expenses by type:

	Compensation $	Supplies $	Sundry* $	Equipment $	Contracted Out Services $	Buildings and Grounds $	2022 Total $
Community Hospitals	22,257,707	5,075,077	705,848	454,842	533,013	494,742	29,521,229
Acute Care	143,019,230	45,282,702	3,963,479	3,774,594	5,246,974	1,730,964	203,017,943
Addiction Services	12,134,191	926,967	1,021,622	75,583	258,121	148,058	14,564,542
Acute Mental Health	18,953,234	2,001,101	284,788	162,814	647,315	258,152	22,307,404
Community Mental Health	15,443,716	208,152	2,047,256	58,632	1,655,017	73,812	19,486,585
Long Term Care	68,108,494	8,153,916	2,019,574	838,930	130,304	1,285,209	80,536,427
Private Nursing Home Subsidies	-	-	36,835,179	-	-	-	36,835,179
Public and Dental Health	15,811,100	1,019,682	453,043	163,423	5,166,555	111,204	22,725,007
Professional Practice and Chief Nursing Office	3,133,975	9,359	152,041	29,263	23,164	-	3,347,802
Provincial Pharmacare Programs	754,139	683,842	38,673,556	5,512	3,563,046	-	43,680,095
Home Care, Palliative, and Geriatric Care	24,110,738	1,417,849	1,674,369	287,192	1,443,361	214,003	29,147,512
Provincial Laboratory and Diagnostic Imaging	21,644,450	14,030,565	669,480	284,954	1,616,727	20,041	38,266,217
Provincial Hospital Pharmacies	7,521,781	414,522	184,791	113,632	79,021	17,186	8,330,933
Corporate and Support Services	10,274,450	2,120,332	1,842,249	1,474,558	1,165,918	-	16,877,507
Financial Services	6,973,843	198	1,656,352	76,420	19,819	7,279	8,733,911
Medical Programs - In Province	135,758,275	194,077	4,832,784	29,260	8,610,180	-	149,424,576
Medical Programs - Out of Province	-	-	-	-	47,435,364	-	47,435,364
Primary Care and Chronic Disease	22,382,636	2,262,573	1,548,876	166,668	1,716,109	206,800	28,263,662
	528,261,959	83,800,914	98,565,287	7,996,277	79,310,008	4,567,450	802,501,895

*Sundry expenses are defined by the Management Information System Standards of the Canadian Institute for Health Information and consist of expenses that cannot be otherwise classified as Compensation, Supplies, Equipment, Contracted Out Services, or Buildings and Grounds. Sundry expenses includes operating grants to non-government organizations, public drug program subsidies, and grants established under union collective agreements.

Health PEI

Prepared by:
Policy, Planning and Evaluation

Published by:
Health PEI
PO Box 2000
Charlottetown, PE
Canada C1A 7N8

November 2022

Printing:
Document Publishing Centre

Available online at:
HealthPEI.ca

Printed in Prince Edward Island


Health PEI