



Health PEI

ANNUAL
REPORT
2022-2023

Health PEI

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HEALTH PEI 2022-2023 ANNUAL REPORT

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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 (ELT), staff and physicians, we are pleased to present to the Minister of Health and Wellness and people of Prince Edward Island (PEI) the 2022-2023 Annual Report for Health PEI. This annual report provides an overview of our accomplishments, challenges and performance results for 2022-2023. This year's report includes the audited financial statements for the year ending March 31, 2023.

The 2022-2023 year has been one of growth and change for the PEI health care system due in part to continued staffing shortages and growing demands for health care. 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.

While the path in health care is not always free from obstacles and detours, we recognize that Health PEI has still moved forward by achieving success and progress in providing new and innovative ways that maintain patients and families at the center of care while integrating staff wellness and safety into our day to day operations.

We have been able to advance toward our strategic goals in a challenging environment due to the dedication 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,

Diane Griffin, MSc, O.P.E.I., LL.D
Board Chair

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



INTRODUCTION

Health PEI Annual Report 2022-2023

The 2022-2023 Annual Report outlines Health PEI's achievements and challenges from April 1, 2022 to March 31, 2023 in support of the following strategic goals:¹

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

An update on key health system performance indicators identifying pressure points and areas of stability is included in Appendix B.

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 To support organizational risk management, the Annual Report strengthens Health PEI's accountability, guides effective management of resources and enhances system performance.

The Annual Report is developed and communicated pursuant to Accreditation Canada's Qmentum Governance and Leadership Standards.^{4,5} The report is aligned with *The Canadian Quality & Patient Safety Framework for Health Services* which was adopted by Health PEI in March 2021.⁶ Safety Framework Goals are highlighted in each section of the annual report:

Framework Goals



People-centered
Care



Safe
Care



Accessible
Care



Appropriate
Care



Integrated
Care

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 a 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.

As per the *Health Services Act*, 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. The Board is connected to the operational organization, its achievements and conduct through the Chief Executive Officer (CEO) of Health PEI. Appendix A includes the Health PEI organizational chart.

Health PEI at a Glance

- **People**
 - o Employees – 4,166 permanent full-time equivalents (FTE) as of March 31, 2023
 - o Medical Staff – 252 as of March 31, 2023
- **Population Served**
 - o 170,688 residents⁷
 - o Median age of 41.7 years
 - o 20.3% of population is 65 years and older
- **Places**
 - o Facilities and services across the province including hospitals, community health sites, mental health and addictions sites, and public long-term care (LTC) homes
- **Resources**
 - o 2022-2023 Expenditure Budget – \$838,738,800

Department of Health and Wellness (DHW)

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 and Wellness through legislated documents and ministerial mandate letters.^{8,9} Health PEI and the DHW work collaboratively to ensure alignment of priorities between the two organizations resulting in progress toward fostering the health and well-being of the Island community.

Profiles

In the following pages, staff and special initiatives from different health care sectors are profiled. Profiles were developed over the past year and provide insight into the day-to-day work of the Health PEI team across the province.

PROFILE

BERTHA BUTLER

CHO LPN - 49 years of compassion



At just 21 years old, Bertha Butler knew she wanted to be a nurse. Bertha began her career as an LPN in 1974 and never looked back. "Things looked quite different at the O'Leary Hospital when I started," she said.

While the services may have changed at Community Hospital O'Leary (CHO), the quality of care hasn't wavered. "Being able to provide care to patients and their families during difficult moments, providing whatever is necessary to make them comfortable and to feel cared for—that's where I find joy."

Bertha remembers a time when her team at CHO helped a palliative patient get married. "Providing support and compassion are just part of the job," she said.

That support and compassion extends to her colleagues and supervisors as well.

"It was an absolute pleasure to join Community Hospital O'Leary," said Colleen Bannon, Bertha's nurse manager. "All the staff was extremely welcoming. Bertha came into my office to have a quiet conversation about what would be helpful from a manager, asking that I be direct and honest with any plans for the unit. She regularly checks in with me to ask how I'm doing and wants to know if there is anything else she can do."

About 15 years ago, Bertha felt it was time to try something new. She took a position outside of the hospital in primary care. And while she enjoyed the experience, she felt the community hospital call her back.

"I missed the bedside care that I previously provided," she said. "I'm grateful for the experience, but I really felt it was time to come home to the community hospital to do what I love."

Her experience and dedication are valuable to the team, according to Colleen.

"Whenever possible when we're training new staff, I make sure they get some time with Bertha," she said. "She somehow always looks calm, cool and collected despite a very busy shift. Her sense of teamwork is infectious."

Her colleagues agree. Here are just a few things they said about her:

"She is a great teacher."

"Bertha goes above and beyond every day."

"If I were in the hospital, she is the one I would want her looking after me"

"Non-judgmental."

"Fair and supportive."

"Intelligent, organized and full of common sense."

"Calm."

"Grace under pressure and never too busy to help."

After a long career, Bertha retired five years ago. But not long after, she returned to work on a casual basis.

"I still have a passion for helping patients," she said. "And there was a need for LPNs, especially with COVID-19, so I answered the call."

Bertha turns 70 in August, and said it may soon be time, yet again, to step away. "I see that my time to pass the torch is fast approaching," she said.

As she sees new LPNs stepping into the job she has loved for nearly five decades, she passes on her most valuable advice:

"Don't treat it like a job. Go to work because you enjoy it, and try to enjoy it every day."

Bertha Butler

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

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 human resource (HR) planning and processes**
 - Provincial approach to HR planning.
 - Needs-based and data-driven HR planning.
 - Streamline and standardize HR processes.

HIGHLIGHTS

- Following extensive research and engagement, the Health PEI HR People Strategy was finalized in November 2022 and outlines 10 pillars:
 1. Organizational Culture and Engagement
 2. Equity, Diversity and Inclusion (EDI)
 3. HR Governance
 4. Occupational Health, Safety and Wellness
 5. Talent Management
 6. Classification and Compensation
 7. Talent Acquisition
 8. Workforce Planning and Modernization
 9. Employee and Labour Relations
 10. Communication and Recognition

GOAL 1 • People

KEY ACCOMPLISHMENTS:

Pillar 1 - Organizational Culture and Engagement:

Employee Engagement Survey and Action Planning:

- Survey completed June 23, 2022 with a 51% response rate (previous survey had a 23% response rate).
- Engagement Survey Action Planning is currently in progress. There are 29 action plans that include more than 180 initiatives, with a goal to improve every employee's engagement with Health PEI. Quarterly updates are received and shared with the executive team on the progress of the action plans.

Organizational Culture:

- Implementation of the Just Culture framework is being planned for the fall of 2023.
- Draft framework has been created. Consultation sessions have been held with the ELT, all Leaders (over 15 sessions) as well as with all labour partners.

Pillar 4 - Occupational Health, Safety and Wellness:

Safety & Violence Prevention:

- HPEI Violence Prevention Policy was approved with roll-out of staff education material planned for summer 2023.
- Employee safety incident follow-up process has been implemented.
- Introduction of additional Safety Officers (increased from one to three officers). Dedicated support is available for all facility Occupational Health and Safety (OH&S) Committees.
- Environmental Violence Risk Assessments are ongoing with highest risk areas completed.

Employee Abilities & Return to Work:

- Final draft of the Return to Work Policy and Program Guide under development with stakeholder review planned for summer 2023.
- The Return to Work Program is projected to improve non-occupational sick time usage, workers compensation claims and the overall employee experience for healthcare workers experiencing disability.
- In Fiscal Year 2022/2023 Health PEI had a total cost of \$15,199,140.06 for 463,774.00 paid non-occupational sick hours. The sick rate in Quarter 1 for Fiscal Year 2023/2024 of 4.40% is the lowest quarterly sick rate since Quarter 2 of Fiscal Year 2021/2022, also factoring in the COVID-19 pandemic isolation requirements and rise in respiratory illnesses as we move to a post-pandemic state.
- Health PEI has averaged approximately \$7.4 million annually over the last 3 fiscal years related to workers compensation claims, 80% of which are strains/sprains experienced by Service Worker, Licensed Practical Nurses (LPN) and Resident and Personal Care Worker (RCW/PCW) occupations. Wage loss payments are equivalent to a maximum of 52 full-time healthcare workers, adding to the financial and human resource strains on our system.

GOAL 1 • People

Employee Health Nursing:

- Created a Provincial Employee Health Section which allows for implementation of staff health promotion activities throughout Health PEI (e.g., blood pressure check days) and standardizing the protocols across all facilities is in progress (currently working on needlestick and sharps exposure process).

Musculoskeletal Injury Prevention (MSIP):

- Creation of a provincial program for MSIP along with an updated policy (May 2022).
- Focus on proactive injury prevention through activities such as a Provincial Bariatric Management Plan.

Wellness:

- Creation of a provincial wellness committee that is creating an annual wellness strategy based on the full Wellness Wheel (physical, financial, environmental, occupational, social and community, emotional, spiritual and intellectual wellness).

Public Health Nursing:

- Exploring technology options that would provide enhanced safety and emergency response for staff who work independently in community settings.
- Enhanced security measures for community-based services (i.e., security at large scale community vaccine clinics, security swipe cards and personal panic buttons at clinics).
- Renovation planning underway at Sherwood Business Centre to improve patient flow and staff safety.
- Discussions on Community Health Centre plans to address patient flow and staff safety for services included within those spaces.
- Continue to support staff in educational opportunities relevant to their area of practice through on-line learning platforms or development of education modules in partnership with other provinces.

Mental Health and Addictions (MHA):

- To support patient and staff safety, MHA completed overnight double-staffing at community transitional programs including Brackley Stables, St. Eleanor's House, Talbot House, and the new Women's Addictions Extended Care.

GOAL 1 • People

Pillar 7 – Talent Acquisition:

Improve Recruitment of Healthcare Workers:

- A focus on international recruitment with the first mission taking place in Dubai.
- Creation of a Provincial Registered Nurse (RN) float pool.
- Pilot for a Centralized and Streamlined Application Process for nursing candidates.
- Changes to qualification for service workers and cooks to open pathways to hire.
- Changed equivalencies for unregulated nursing roles to include Internationally Educated Nurses (IENs).
- Implemented a multiple mini interview process for high volume healthcare worker roles.
- Implementing a matching process for graduating students to externally posted roles to reduce the time it takes to fill these positions.

Pillar 8 – Workforce Planning and Modernization:

Systems Modernization:

- Procurement is underway for a Learning Management System for all of government. This is a critical project for Health PEI due to the OH&S training needs for healthcare workers.
- A Request for Proposals (RFP) is being prepared for Scheduling and Call-Out software. Treasury Board has approved funding for this project. This will allow Health PEI to better utilize the workers we have and provide more opportunities for workers to pick up additional shifts in ways that work for them (the worker can indicate where they want to work and determine how they want to be contacted e.g., phone, text or email).
- Work is underway to create a centralized HR Service Desk to better address employee HR related issues.

HR Analytics:

- The team has established a quarterly cadence of broader reporting on key HR related metrics for the ELT, Health PEI Board of Directors and the government.
- Automation efforts continue in order to increase the HR team's analytics and reporting capacity to allow for quicker response times.

Short-Term Workforce Planning:

- Workforce Stabilization Committee has been implemented to support leaders in using HR data to stabilize their workforce by adjusting staffing ratios, models of care and scheduling practices. Project management resources have been secured to support workforce planning work. Key projects underway include:
 - o Reviewing the full-time and part-time staffing ratios on units.
 - o Reviewing part-time roles under 50% FTE.
 - o Identifying ways to increase the scope of healthcare workers like LPNs and Respiratory Therapists (RTs).
- Identifying mechanisms to hire permanent employees to fill temporary vacancies and later move them into available permanent vacancies.

GOAL 1 • People

Pillar 9 - Employee and Labour Relations:

Collective Bargaining:

- Timely negotiation of all applicable Collective Agreements that takes a strategic lens to address the needs of the organization.
 - PEI Nurses Union (PEINU) collective agreement successfully negotiated.
 - Bargaining with the Canadian Union of Public Employees (CUPE), International Union of Operating Engineers (IUOE), Union of Public Sector Employees (UPSE) is underway.
 - Preparation is underway to begin Interest Based Negotiations for the Physician Master Agreement.
- Move towards commencing bargaining prior to contract expiry for next round of negotiations.

Relationships with Labour Partners:

- Created monthly meeting cadence for Health PEI/all union partners group.
- Created bi-weekly meeting cadence for individual Health PEI/union partners.

Pillar 10 - Communication and Recognition:

Recognition:

- Launched nursing retention incentive program in collaboration with DHW and union partners.
- Launched retirement retention incentive program in collaboration with DHW and union partners.
- Employee Perks: Continuing to secure discount programs for Health PEI employees that benefit staff and support local Island-based businesses.

PROFILE

QUALITY PATIENT SAFETY DIVISION

Health PEI was awarded Accredited status by Accreditation Canada in 2022. Achieving Accreditation status allows Health PEI to assure Islanders that services provided within Health PEI meet national standards of excellence. This is a four-year process.

The Health PEI Quality and Patient Safety Division consists of seven quality risk consultant portfolios. “We work with various programs and services across the province in areas of quality improvement, patient safety, and quality assurance,” said Brianne Timpson, accreditation lead for Health PEI. “Our work is key to understanding what is being done well, what can be improved, and where change needs to be made.”

Accreditation Canada’s final report identified several strengths throughout our system, such as:

- quality of care provided at the frontlines
- focus on person-centered care
- engaged leadership, staff, and physicians
- dedicated board of directors
- strong relationships with community partners
- improvements in medication management, mental health and addictions, and client flow.

“It is to your credit that Health PEI achieved the results reflected in the survey report and is well positioned to address the recommendations and continue our focus on quality improvement and safety,” said Dr. Michael Gardam, CEO of Health PEI.

The Quality and Patient Safety Division may be a small team, but they do a lot of work to try to support the programs in having awareness, understanding, and meeting best practices. They are a key area of support for managers and staff in the work they do. Congratulations on another successful Accreditation process.



PROFILE

LONG-TERM CARE RESIDENTS VOLUNTEER AT CANADA WINTER GAMES

"They really wanted to contribute. I said 'leave it with me. We'll make it happen.'"

It was more than a year ago when Leo Gallant heard the Canada Winter Games was looking for volunteers. Having been a volunteer for the 1991 games, he knew what kind of opportunity it would be.

"I met people from all over the world," remembered Gallant. "I've never been able to travel much in my life, so this was a lot of fun. It felt like the whole world came to PEI. I thought it was a once-in-a-lifetime experience." Gallant smiled. "But I was wrong."

Gallant is now a resident at the Prince Edward Home in Charlottetown. He uses a wheelchair to get around, and his ability to leave the home is dependent on the schedule of accessible transportation services like [Pat and the Elephant](#). He mentioned to staff at the home he would love to volunteer again, but he was worried it wasn't possible.

"Leo is one of three residents, along with Gerry MacDonald and Doug Roper, who wanted to volunteer for the games," said Crystal MacEachern, a case manager and social worker at the Prince Edward Home.

"It was really something. These guys wanted to be part of something special. Each one is in a wheelchair, but they're all more than capable of helping out. They really wanted to contribute. I said, 'leave it with me. We'll make it happen.'"

Gerry MacDonald is one of three Prince Edward Home residents who volunteered at the Canada Winter Games.

MacEachern got a hold of staff at the games. They were more than happy to have the trio join their team, but with more than 5,000 volunteers to

coordinate, they didn't have the time or resources to arrange for special transportation.

MacEachern kept at it. She approached Andrew MacDougall, Health PEI's Executive Director for Community Health and Senior Care.

"He was just so enthusiastic," said MacEachern. "He understood completely our motivation for making sure we found a way for these guys to participate."

He was able to find special funding to ensure they had transportation to and from their volunteer shifts and training sessions."

"Crystal worked her butt off for us," joked Gallant. "I can't believe she was able to make it work. My very first shift, I was at the UPEI gym for wheelchair basketball. I was so excited for this, because I've played that sport myself. It was such an exciting day."

Gallant ended up volunteering more than 25 hours of his time, including shifts with Roper at the Canada Games Place at the Confederation Centre of the Arts.

"That was a lot of fun, too," remembered Gallant. "There were athletes from all over Canada, and they had TVs with all the different sports going at the same time. They also had a display with the different medals from through the years."

Canada Games Place was also the spot where athletes could go on their rest days to meet and socialize.

"It was just like I remembered from 1991," said Gallant. "It felt like the whole world came to PEI, and I got to be a part of it. I'm so grateful."



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

Accreditation:

- Completed extensive preparation ahead of Accreditation Survey including:
 - o Creation of various resources/supporting documents for staff to refer to such as Accreditation 101 Captivate PowerPoint, Health PEI Accreditation Toolkit, updated mock tracer templates, created over 50 Did You Knows and 31 Required Organizational Practices (ROPs) of the Week and distributed quarterly Quality and Patient Safety Newsletters with additional accreditation information.
 - o Monthly communication briefing updating Quality Improvement Teams (QITs) on preparation and what to expect during the on-site survey week.
 - o Mock tracers performed across Health PEI programs with feedback to teams on preparation for survey.
 - o Collection of an extensive list of evidence (pre-survey work) for submission to Accreditation Canada.
 - o Extensive leadership preparation on Leadership and Governance Standards, work plan development and survey preparation with Leadership QIT and Health PEI Board of Directors.
 - o Developed a communication strategy to support accreditation preparation and sharing of results.
 - o During on-site survey week, surveyors met with staff, physicians, clients/patients/residents, families, community partners, leadership and Board of Directors.
 - o Organized two virtual debriefs at end of survey (one for all staff; one for executive leadership).

GOAL 2 • Quality and Safety

- Overview of 2022 Survey Results:
 - Health PEI awarded Accredited status. Achieving accreditation status means that services provided within Health PEI meet national standards of excellence. Accreditation is the continuous process of evaluating and identifying whether or not a program or service is meeting established evidence-based standards.
 - [Accreditation Canada's final report](#) identified several strengths throughout our health system, such as:
 - Quality of care provided at the frontlines
 - Focus on person-centered care
 - Engaged leadership, staff and physicians and dedicated Health PEI Board of Directors
 - Strong relationships with community partners
 - Improvements in medication management, MHA and client flow
 - Noted areas where continuous improvement is required such as: aging infrastructure, hybrid charting, gaps in technology, staffing, recruitment and retention challenges, leadership development, referrals between hospital and community and client flow.
 - As part of our accreditation status, Health PEI is required to provide further evidence to Accreditation Canada in December 2022 and June 2023. The evidence is related to some Required Organizational Practices (ROPs) and high priority criteria including medication reconciliation, information at care transitions, client identification, medication management, client engagement and ethics.

Quality Improvement (QI) and Patient Safety:

- QIT evaluation survey
 - Started process to review the QIT structure (analysis) and trying different approaches to strengthen QI (ongoing work).
- Policy development
 - The *HPEI Patient Safety Incident Quality Review and Quality Improvement Activity Policy*, *HPEI Patient and/or Family Experience Feedback Policy* (replaces *HPEI Compliments and Complaints Policy*), *HPEI Disclosure of Patient Safety Incidents Policy* and *HPEI Patient Safety and Environmental Incident Reporting and Management Policy* were all revised and updated.
 - Patient Safety and Environmental Incident Reporting and Management Policy Education Strategy:
 - To support the organization with the knowledge acquisition necessary to be in compliance with these changes, the Quality and Patient Safety Division offered in-person and virtual education to all healthcare leaders (December 2022 – May 2023). This education plan focused on retraining/informing leaders of the updated policy, with a focus on their roles and responsibilities in incident management. A total of 220 leaders (managers, supervisors, directors) attended the training sessions.

GOAL 2 • Quality and Safety

- Two learning modules were also updated to support the use of Health PEI's Provincial Safety Management System (PSMS) and were posted on Health PEI's Staff Resource Center.
 - PSMS Part 1 – intended for all staff; focuses on the basics of incident reporting
 - PSMS Part 2 - intended for healthcare leaders; focuses on principles of incident management, expectations on follow-up, etc.
- o Other Captivate PowerPoints developed for staff education include:
 - Three Documentation Standards
 - Narcotic Safety (co-developed with Provincial Pharmacy)
- Quality and Patient Safety staff continue to meet regularly with unit/department managers to coach/support incident management and promote a Just Culture.

Infection Prevention and Control (IPAC):

- IPAC continues to provide infection prevention control surveillance, outbreak management and guidance and education on disease transmission, point of care risk assessments, COVID-19 protocols and use of appropriate personal protective equipment for all Health PEI programs, services and facilities during the COVID-19 pandemic.
- Continuous collaboration and communication with senior leaders within Health PEI, the Chief Public Health Office (CPHO) and DHW on the pandemic response and data collection.
- Continuous development and readjustment of protocols as per CPHO public health orders during the COVID-19 pandemic response.
- Collaboration with Communications regarding public notifications, collaboration with DHW, coaching to managers and leaders about how to manage workplace isolations, help to understand protocols that were evolving, follow-up with managers.
- Collaboration with Employee Health and Wellness Team and Patient Flow Team during outbreaks to ensure patients and staff are safe.
- On-going provincial implementation of an annual standardized approach to hand hygiene education by utilizing the e-learning module through Infection Prevention and Control Canada.
- Continue expansion of the Crede Hand Hygiene Auditing Program into Public Health, Home Care and Primary Care.
- Continue to standardize protocols for hand hygiene audit follow-up, protocol for removal of MRSA alerts on patient electronic health records and surveillance.
- Working to expand Health PEI's participation in the Canadian Nosocomial Infection Surveillance Program – Viral Respiratory Infections (COVID-19).
- Review and completion of the provincial infection control manual.
- Continuation of standardization of Infection Prevention and Control educational materials i.e., donning and doffing of personal protective equipment, cleaning shared equipment, signage, fact sheets.
- Collaborating with other departments to evaluate current practices to ensure current best practices are utilized to decrease infection rates.
- Collaborating and supporting QITs in regards to infection control practices.

GOAL 2 • Quality and Safety

Ethics:

- Health PEI Clinical and Organizational (C&O) Ethics Committee
 - Virtual education session for staff, *“Moral Distress and Ethics of Anger”* was held in November 2022.
 - The committee also hosted eight education sessions on the Health PEI Ethical Decision-Making Framework and tabletop exercises with over 100 participants.
 - One formal consult was reviewed by the committee.
- PEI Research Ethics Board (REB)
 - The PEI REB reviews all human health research within Health PEI’s jurisdiction. In 2022-2023 there were 78 active files including 9 clinical trials, 64 minimal risk submissions and 5 COVID studies.
 - The work of the PEI REB also included adapting a new Canadian national standard set of REB Standard Operating Procedures (SOPs), transitioning to an electronic research ethics platform and collaborating on a regional initiative for single REB review of some types of clinical trials. These projects are all still in progress.
 - The PEI REB continues to have a close relationship with the University of Prince Edward Island (UPEI); all studies requiring REB approval by both UPEI and Health PEI have a single review completed by the PEI REB. The PEI REB has reviewed the plans for the new Secure Island Data Repository (SIDR) at UPEI and will be the REB of record for research done through the SIDR.

GOAL 2 • Quality and Safety

Patient and Family Centered Care:

Patient Experience

- Provincial Navigation:
 - Mi'kmaq Health System Navigators: In March 2023, Health PEI entered into a Funding agreement with Lennox Island First Nation to support a Mi'kmaq Health System's navigation program. This provincial funding, combined with funding from the Federal Government, has supported the implementation of two Health System's navigator positions. These two navigators have been working closely with the Health PEI Patient Experience Manager and Health PEI navigators. Their involvement in Health PEI services will assist us in our goal of ensuring the First Nations people using our services feel supported while accessing Health PEI services throughout the Island.
 - The Navigator Community of Practice was expanded to include the Mi'kmaq Navigators.
 - The Health PEI Provincial Navigator, the provincial program navigators (Stroke, Cancer and MHA) along with the Patient Experience Manager continue to meet on a monthly basis to support each other in the Navigation services.
 - Community presentations: Navigation presentations have been provided to community members to support them in understanding the various services offered by Health PEI and with the focus of these presentations on accessing services, discussing tips and tricks for navigating the complex health system, while accessing and sharing helpful resources. Presentations included general information sessions and sessions focused on specific patient populations accessing the system (e.g., cardiac rehab and pulmonary care).
- Health PEI Patient and Family Partner Program Initiatives:
 - Orientation of Patient and Family Partners: In April 2022, a new Patient and Family Partner Orientation was launched that included a new Patient and Family Partner Manual, with contribution of our Patient and Family Partners.
- Patient Experience Initiatives:
 - Patient Relations Program: Exploration of a new Patient Relations Program for Health PEI took place in 2022-23. The goal of establishing this program is to ensure that patients, family and the public are able to provide patient experience feedback in a variety of ways and that Health PEI staff, at all levels, respond to this feedback in a consistent and timely manner, in keeping with the newly revised *HPEI Patient and/or Family Experience Feedback Policy*. Program recommendations are under review for implementation of this program.

GOAL 2 • Quality and Safety

- o Acute Care Patient Experience Survey: In the summer of 2022, a pilot on-line patient experience survey was developed and implemented by Health PEI staff, students and Patient and Family Partners. Patients in acute care sites were asked to complete the survey while in hospital. Based on preliminary feedback, the survey was easy to complete with the ability to get instant patient feedback. The Patient Experience Manager is now working with the Health Analytics Unit and the Quality and Patient Safety division to explore ways to gather, record and review patient experience in a timely manner throughout Health PEI.
- o Patient Experience staff resources and presentations: In 2022-23, various presentations were provided to staff on Patient and Family-Centered Care (PFCC), Patient Experience, and the role of Patient and Family Partners. Additional resources are currently under development.
- MHA PFCC Initiatives:
 - o Work continues to embed PFCC at all levels of the organization including direct care, program and service planning and leadership to enhance patient experience.
 - o MHA conducted a client experience survey across all sites from April 13 - May 25, 2022. The results from the 467 responses reflected high levels of satisfaction with care provided in both community and inpatient settings, with 95% of respondents feeling welcome in our services, and indicating that they found staff professional and helpful.
 - o The new MHA Patient and Family Partner Advisory Committee was implemented in July 2022. The Committee is coordinated by the MHA Patient Navigator, and serves in an advisory capacity, making recommendations on decisions that impact the experience of patients and families throughout MHA services. The committee meets quarterly and provides their invaluable expertise and perspective on various focus groups throughout the division.
 - o To ensure new MHA facilities create a safe and healing space for clients, MHA has engaged in consultations with individuals with lived and living experience of mental health and substance use. The feedback provided has informed both physical and program design.
 - o MHA is incorporating ongoing client and staff feedback into the evaluation of our two newest programs: the Mental Health Intensive Day Program (MHIDP) and the Structured Program. This feedback is informing program evolution to ensure that client's needs are met, and staff are able to fully apply their skills and expertise.
 - o With the creation of two Facilities and Support Services leadership positions at Hillsborough Hospital (HH), support service staff assigned to HH, but reporting to Queen Elizabeth Hospital (QEH), were aligned under the supervision of these new leadership positions. This has created efficiencies in the delivery of operational services which positively impact patients, staff and the overall function of programs at HH.

PROFILE

THE TEAM APPROACH: CHARLOTTETOWN PATIENT MEDICAL HOME



“Our Patient Medical Home is like a soccer team,” said Dr. Mark-Antoine Parent with a grin. He’s a family physician at the Charlottetown [Patient Medical Home \(PMH\)](#).

“Behind us, we have a full team: the management that brought everyone together and coached us on how to play together. And here we are on the field delivering care daily.”

Originally from Quebec, Dr. Parent has practiced family medicine on Prince Edward Island for three years. Before that, he practiced for 16 years in Îles de la Madeleine. It was the idea of working in a collaborative environment that helped lure him here.

“The philosophy of the medical home is that when there is something that has to be done, when there is a service to be delivered to a patient, we ask: who is the best person to deliver that care?”

A Patient Medical Home (PMH) is built around the idea that a team of allied health professionals work together to deliver the appropriate care. A PMH team includes physicians, primary care nurses, physiotherapists, and other health professionals, covering everything from nutrition to vision care and beyond.

When a patient calls for an appointment at their PMH, a front-line administrator helps determine the best path forward for that patient.

“Very often it’s me, but not always,” said Dr. Parent. “Sometimes an allied healthcare worker like a pharmacist will be the best. So, it helps a lot, and I don’t feel like everything is on my shoulders. Sometimes the other allied healthcare workers are more competent than me to deliver care.”

The Charlottetown PMH has also transitioned to Electronic Medical Records (EMR), another step in creating a more streamlined and efficient system.

“We have a few thousand patients here,” he said. “Fortunately, there’s a person who enters that data for an appointment, all the past medical history, family history, surgery, and valuable information I need. When I get into my patient’s chart and everything is already there, that’s awesome. I don’t need to touch the paper chart anymore.”

Dr. Parent said the teamwork environment means he no longer needs to bring his work home with him. It wasn’t unusual for him to work another two hours every evening to stay on top of patient files.

“I receive on average eighty to ninety messages a day,” he said. “In order to stay up to date, I would have to bring my computer home with me every night. We have a team meeting on Wednesday mornings. One week, I brought it up to the team. I couldn’t keep working into the evenings. Right away, we came up with some solutions.”

A nurse practitioner and a licensed practical nurse with more free time during regular business hours offered to help sort through and respond to emails.

“From one day to another, it changed dramatically,” he said. “All of a sudden, my inbox went from 200 emails to 20 emails because everyone was picking away at it.”

Dr. Parent said medicine is a large field of practice where the professionals all need to work together.

“The important thing we’re trying to put into real-life action is to work to our full scope of practice,” he said. “If everyone can reach that goal, that’s what the Patient Medical Home is all about. The best person delivers the right service, and I think it’s working well.”

WE ARE A PATIENT MEDICAL HOME

...the place they (patients) feel most comfortable - most at home - to present and discuss their personal and family health and medical concerns...
- College of Family Physicians of Canada (CFPC)

The long term goal is that every Islander and every health care provider will be part of a Patient Medical Home.

HOW WILL A PATIENT MEDICAL HOME BENEFIT YOU?

- Improved access to the right provider
- Information sharing between all your care providers
- Improved access to screening
- Your care team will be based on your needs

A collaborative team-based service provides **you** with better overall care.

Health PEI

PROFILE

"YES, WE CAN DO THAT!" PEI SURGEON TRAINED TO INSTALL PACEMAKERS TO SAVE ISLANDERS FROM TRAVELLING

"I know this often gets debated in political circles but it's just not possible or safe for us to offer every healthcare service right here on the Island," said Dr. Michael Gardam, CEO of Health PEI. "Which is why we will often send patients off-Island to bigger centres to receive the care they need with specialists who work embedded within a larger community with colleagues. All that said, there are a lot of things we can and should offer here, and the installation of pacemakers is one of them."

The insertion of a pacemaker is a special skill, which is typically done in larger centres by cardiovascular surgeons or cardiologists.

"PEI doesn't have vascular surgeons," said Dr. Alex Gillis, a general surgeon based in Stratford, PEI. "Historically, the job of inserting pacemakers has been done by surgeons like me who have sought out special training. Until recently, PEI had two surgeons doing these procedures, which was enough to keep up with the demand. When my colleague recently retired, it left just me to cover the entire Island."

"We can certainly send people off-Island for this procedure," said Dr. Gardam. "But this is one of those services we really felt it was reasonable to offer here. When someone needs a pacemaker installed, we don't want to have to send them

to Saint John or Halifax. I want to say 'yes, we can do that!'"

Dr. Gardam made some calls to former colleagues with University Health Network in Toronto to see what training could be made available to PEI surgeons.

"They immediately offered us an opportunity to train our surgeons with their cardiologists," said Dr. Gardam. "The rest of their training could be done right back here on PEI."

"One of our newer surgeons, Dr. David Isa, took them up on that opportunity," said Dr. Gillis. "He spent a week in Toronto and trained the rest of the time with me. He assisted me on several procedures and eventually took the lead himself on the insertion."

"It's not reasonable to expect an Island of 170,000 souls to have a full cath lab staffed with cardiovascular surgeons. It is completely reasonable to expect us to be able to insert a pacemaker, given how common a procedure it has become," said Dr. Gardam.

"It's not easy to get training in pacemakers outside of the cardiology specialization," said Dr. Gillis. "This opportunity means we can continue to offer this service right here at home. I think that's important."



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.

MHA

- Integration of MHA within the health system to reflect evolving patient needs and approaches 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

- Patient Medical Homes (PMHs)
 - An additional five PMHs have been launched at the following locations since last year, leading to a shift in primary care that focuses on providing team-based collaborative health care:
 - O’Leary Health Centre, O’Leary
 - Tyne Valley Health Centre, Tyne Valley
 - Alberton Health Centre, Alberton
 - Harbourside Health Centre, Summerside
 - Gulf Shore Health Centre, Rustico
 - This voluntary approach continues to grow with different groups expressing an interest in becoming a PMH.
 - Upon becoming a PMH, teams work closely with a Practice Facilitator to prepare the team for their new roles. The team’s work to prepare for launch include completing practice self-assessments, establishing formal quality improvement structures, measurements to monitor progress and focusing on what the team will look like – who are the staff and providers that will be working together. The Primary Care Renewal Implementation Team works with groups that are interested in becoming a PMH and supports new homes.
 - A second part-time Practice Facilitator has been hired to support developing teams move forward toward PMH launch.
- Unaffiliated Virtual Care
 - As of March 2023, 14,332 patients registered for this program resulting in 19,667 consultations since program start. This program provides patients that do not have a primary care provider with the opportunity to have virtual access to a provider.

MHA

- Improving access to MHA services
 - MHA introduced the new MHIDP in December 2022. The 4-week program provides a transitional step between acute care and community services, or an alternative to inpatient care altogether. The multidisciplinary team provides custom programming designed to help individuals understand their mental health, reduce the impact of functionally debilitating symptoms and cope with challenging situational crises.
 - The first two new facilities on the new MHA campus are complete and operational. The Women’s Addictions Extended Care program, replacing the former Lacey House, opened in July 2022. Capacity was increased from 6 to 12 beds with full day and evening programming offered. The new 28-day Structured Program opened in January 2023, providing eight beds and twelve Day Treatment spaces supporting clients with life skills and reintegration tools required to transition to and remain in the community.

GOAL 3 • Access and Coordination

- o The construction of the new MHA Short Stay Unit remains on schedule, anticipated to open in early 2024. This new unit, consisting of 7 assessment rooms and 4 72-hour stabilization beds, will provide timely access to a multidisciplinary MHA team for individuals presenting to the Emergency Department.
- o The Design Development phase for the new acute care facility (which will replace HH), and the new Wellness and Transition building is complete. The acute care hospital will provide 64 acute care beds and house the MHIDP in a modern, healing space. The Wellness and Transition Centre will house the Addiction Transition program currently located at the Provincial Addiction Treatment Facility (PATF), as well as a new 12-bed Mental Health Transition program which will provide stays of up to 180 days for individuals who require an extended period of support to move to and remain in the community.
- o MHA received Treasury Board approval to permanently take on the operation of Brackley Stables, allowing for a more robust staffing model that will support enhanced programming and renovations that will provide a secure and respectful residence.
- o The construction and design of Community Health Centres (CHCs), which will bring together MHA, primary care, and public health services, continues. Construction of the Alberton CHC is well underway with anticipated completion by early fall 2023. Summerside is on track to begin construction this fall as well. In Charlottetown, the construction of the Midwifery Program at the Mount is nearly complete, with the designs for the remainder of the CHC development at the Mount, and for the Queens County CHC (to be located on the Hillsborough MHA Campus), well underway.
- o Community MHA have implemented the One-At-A-Time (OAAT) approach within their practices. OAAT is a strengths-based and goal-driven approach where the therapist and client set out with the intention of finding a solution in one session while acknowledging that additional sessions are available to the client if needed. It is the first component of a province-wide Stepped Care 2.0 framework that will be co-developed with Health PEI and community partners in 2023-24.
- o Community MHA service providers completed training in Family Based Treatment for Eating Disorders in the summer of 2022. As a result, Islanders with eating disorders have access to a team with the targeted skills and expertise to help them achieve wellness.
- o The MHA website content has been reviewed and updated to reflect current programs, referral pathways and hours of operation. Information on additional resources, including e-mental health and online options, has also been added and updated. The review also included updating language with an anti-stigma lens to ensure language is inclusive and accessible.
- Improving access to community-based specialized care programs for chronic and complex clients
 - o Health PEI secured funding to create Flexible Assertive Community Treatment (FACT) teams. These multidisciplinary teams will provide direct outreach to clients with complex mental health needs and form a bridge between different services and levels of care. The FACT teams will be initiated in 2023-24.

GOAL 3 • Access and Coordination

Seniors Care

- In 2022-23, 5,100 Islanders received Home Care services, with interdisciplinary team members supporting 2,400 clients each month. On average each month, there are ~14,000 Home Care client visits across the province.
 - In the last 3 years with additional funding, there has been a 15% increase in clients served.
- Extensive planning for the Home Care French Language Project took place with a launch date planned for June 2023, starting in Prince County. This project aligns with the Health Services Organization's (HSO) access to health and social services in official language standard. The goal of the project is to support and increase access to Home Care services in French and help Francophone users maintain their independence, health and wellbeing while remaining in their home and community for as long as possible.
- Development of a proof of concept for a Self-Managed Care Program with the program being operationalized in early February 2023. Evaluation of the program has also started.
- Re-envisioning of the Provincial Adult Day Programs has begun in order to align with the Seniors Health Services Plan vision and goal to support older adults living in PEI to age well at home in their communities with access to a range of safe, integrated and high quality supports to maintain health and dignity.
- Medication Assistance Program (MAP) was developed to promote client independence and optimal level of functioning for Home Care clients who may need assistance with their medications. Medication adherence was identified as an integral component to help clients remain in their homes longer. The program's goals are to support safe medication management, work with clients and families to enhance their abilities and support the client to maintain or improve their health. Nursing students working with the Nursing Clinical Development Lead used this initiative as their major project during their rotation to create education and resources for MAP. Pharmacists were brought into the program in late 2022 and have been a critical resource for the program. Summerside Home Care started a pilot in January 2023 and has seen positive impacts to clients in the program. The Home Support Nursing Team Lead, Licensed Practical Nurse (LPN) and Pharmacy roles are integral to the program and agreed to take on getting the pilot initiated. The program will expand to Montague in July 2023 with further roll out planned provincially throughout the remainder of 2023.
- Home-based Care continues to build on successes, improving access through integrative collaborative partnerships and programs. 2022-23 saw the introduction of new professionals and new roles within the program areas including Pharmacists and RTs in Home Care.
- Education: Strategic focus to ensure staff have opportunities for further professional development.
 - Continue to support staff in all three program areas (Geriatrics, Home Care, Palliative) to obtain LEAP training with Pallium Canada.
 - Launched a partnership with the Alzheimer Society to provide formalized Dementia training for all staff.
 - Encouraged and supported the Provincial Home-based Care Leadership Team to obtain LEADS inspired Leadership training.

GOAL 3 • Access and Coordination

Public Health and Early Childhood 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. In July 2022 - July 2023 program year, approximately 17,000 Islanders were enrolled in the program. Of those enrolled, approximately 9,900 participants sought treatment with almost 66,000 claims.
- Children with Complex Needs survey was completed and analyzed. Report to be released August 2023. Estimated over 17 % of children ages 0-18 could be considered to have complex needs.
- Held discussions between Public Health Nursing, which offers universal newborn and postpartum follow-up, and the Midwifery Program to ensure collaboration and communication between these services as the Midwifery Program is launched in PEI.
- Implementation of the Canadian Caries Risk Assessment Tool in Public Health Nursing child health clinics to identify children at high risk of dental caries and facilitate connection with dental care providers in the province.
- Collaboration with CPHO, Holland College, UPEI and Public Health Nursing to offer Meningococcal B protection to post-secondary students living in residence as of April 2023.
- Establishment of an on-line prenatal learning option with Public Health Nursing to provide greater access to prenatal education.
- Exploring opportunities to provide existing childhood developmental screening resources in alternate languages (i.e., ASQ resources in languages other than English or French) for growing diversity within Island communities.
- Implementation of changes to the Adult Immunization Schedule under the direction of the CPHO.
- Continuation of a comprehensive COVID-19 immunization program for the population of PEI, including on-going adjustments as new recommendations come forth.

Community Specialist Services

Provincial Specialty and Telemedicine Clinic

- The Provincial Specialty and Virtual Care Clinic was established in January 2022 to enable Health PEI patient access to a variety of specialty services largely provided by out of province specialists. Patients requiring access to select specialty services are able to access appointments with specialists through a provincial clinic located in Charlottetown. Specialists may elect to provide services virtually, in person or through a blended model of care where patients travel off-Island for procedures and their pre-visits and follow-up visits may be completed in the Charlottetown clinic (virtually or in-person). Access to out of province specialty services in this clinic include vascular surgery, pain, infectious disease, orthopedic spine surgery, cardiac outreach and bleeding disorders.

GOAL 3 • Access and Coordination

- In 2022-23, the following number of patients have been seen in the clinic by out of province specialists (data currently available):
 - o Vascular Surgery: 293
 - o Pain Clinic: 89 (out of province) and 505 (Island-based physician)
 - o Infectious Disease: 331
 - o Orthopedic Spinal Surgery: 181
 - o Cardiac Outreach Program: 59

Midwifery Services

- Planning continues for the establishment of Midwifery services on PEI. Building on earlier clinician engagement, a planning workshop was held in the winter of 2023 bringing together providers and staff from across Health PEI with presentations provided by the Nova Scotia midwifery team of nurses, obstetricians and midwives. Staffing of Midwifery positions is ongoing.

Provincial Renal Program

- To support clients, the program continues to expand home dialysis options including home-based peritoneal dialysis and home-based hemodialysis.

Sexual Health, Options and Reproductive Services

- Work continues to improve program capacity through the addition of administrative and clinical staff including a Nurse Practitioner.

Cancer Care

Cancer Prevention and Early Detection:

- Cervical Cancer Screening: Advanced clinical practice planning, policy development and equipment procurement to move PEI to liquid-based cytology and HPV primary testing for cervical cancer. This positions PEI as a leader in working towards the targets of the Action Plan for the Elimination of Cervical Cancer in Canada.
- Colorectal Screening and Early Detection:
 - o Implemented a new fecal test through lab equipment procurement and policy development to improve high quality colorectal cancer screening for average risk population (single sample testing aligns PEI with most other Canadian jurisdictions).
 - o Collaborated with physicians, clients and staff to implement navigation programming which supports participants in having timely, coordinated and standardized access to colonoscopy following an abnormal at [home screening test \(FIT kit\)](#). The pilot project reports a high level of participant satisfaction, excellent collaboration with endoscopists that led to standardized patient information and preparation, processes to better support clients of higher risk to procedure and engaged physicians in education opportunities to improve practice quality and skill enhancement.

GOAL 3 • Access and Coordination

- Breast cancer screening:
 - Focus is the implementation of new digital mammography equipment that increases the ability to screen those with higher risk of breast cancer.
 - Reviewed and strengthened participant information on breast density and clinical management processes for those screened.

Cancer Coordination and Planning:

- Treatment:
 - By 2022 the full complement of Medical and Radiation Oncologists was reached and actively providing care to Islanders.
 - Completed build and instillation of new Radiation Therapy equipment to ensure continual high quality access on PEI.
- Completed significant consultations to inform a new provincial cancer strategy including health stakeholder sessions, patient and family interviews/focus groups, interviews and focus groups of equity deserving populations, First Nations partner engagement and public survey. Culminated with the development and approval of the [PEI Cancer Action Plan](#) (2023-2028) in March 2023.
- The new *PEI Cancer Action Plan* sets a path forward to advance priorities of Islanders and aligns with the *Canadian Strategy for Cancer Control*.

PROFILE

SAME-DAY HIP SURGERY PILOT FREES HOSPITAL BEDS

"In a hospital, bed space is often a challenge," said Kayla MacRae, a physiotherapist with Queen Elizabeth's Hospital's Unit 1. "If you have hip or knee replacement surgery scheduled and there's no free bed to admit you in, your surgery could be cancelled. And that's the last thing anyone wants. Having surgery cancelled can be very stressful for a patient."

Like everywhere else in the country, the Queen Elizabeth Hospital has regular capacity issues.

"Of course, that means we're always looking for ways to improve our efficiency, while focusing on good patient care," said Owen Brown, a process improvement analyst with Health PEI.

Those ideas came together in the form of a pilot this spring that's showing real promise.

When someone comes into the QEH for a hip replacement, their typical stay at the hospital is one to two days.

"One of our surgeons, Dr. Paul Kelly, has been working the past few years to send some patients home on the same day," said Brown. "It's not a wild idea. Many people can safely be discharged from hip replacement in a day. It's a fairly common practice off-Island."

"The problem was, some of our procedures were making things unnecessarily complicated," explained MacRae. "After having an anterior hip replacement surgery and spending some time being monitored in the recovery room, we would move the patient across the hospital to admit them to Unit 1. The physiotherapy team would assess and treat the patient. If deemed ready, the patient would then be discharged home."

It meant a lot of unnecessary movement across the hospital. The entire care team sat down to discuss how they could make things better.

"It was great to have everyone working together," said Brown. "We had Dr. Kelly, pharmacy, anesthesia, nursing, and physio, all discussing how we could make this better for the patient."

"The solution ended up being wonderfully simple," said MacRae. "Dr. Kelly carefully screens for candidate patients. After the surgery, the patient goes onto the recovery room. We decided to skip the step of transporting the patient across the hospital and admitting them to a hospital bed. As soon as the anesthesia has worn off, I'm called down from Unit 1. I do my physiotherapy assessment with the patient right in the recovery room area. It skips a big step and makes the whole process much easier for the patient."

As a bonus, MacRae has more direct contact with the rest of the team who performed the surgery.

"If there are issues I need to know about, they're all right there in Day Surgery," she said. "It's an ideal set-up, honestly."

Reducing the stay in hospital also frees up much-needed bed space.

"The early results from the pilot are extremely promising," said Brown. "If we were to reduce the average stay of hip replacement patients by just one day, we'd decrease the number of bed days at the QEH by about 212 days (about seven months)."

And when every open bed counts, that's a big difference.

Now that the pilot period has ended, the team is continuing to screen for patients who would benefit from day-surgery. It turns out about a third of patients are eligible, with many more being able to go home after just one day. This pilot was for direct anterior approach hip replacement. The group is looking to expand this same-day project to both lateral hip replacement and knee replacement.

"It's worked out so much better than I hoped," said MacRae. "Our work is easier. The patient can recover more comfortably at home. We free up bed space. It's that rare win-win-win in health care."



PROFILE

SAVE A HEADACHE, BOOK IT ONLINE: HOW A PEI TECH COMPANY MADE BOOKING LAB TESTS MUCH EASIER

"I feel like you could say this about almost every facet of health care, but the pandemic really did change everything for us," said Brian Timmons, provincial director of Medical Laboratory Services at Health PEI.

"We operate six sites across the province for specimen collection, be it bloodwork or tissue collection," explained Timmons. "Historically, all those sites but one operated on a walk-in basis. If your primary care provider asked for a sample, you'd take your form with you to one of these sites at any time and they'd accommodate you."

For the busiest lab in the province at the [Queen Elizabeth Hospital](#) (QEH), it could mean 120 patients or more calling or dropping in every day.

"When COVID-19 hit, that just wasn't possible," said Timmons. "We immediately switched to an appointment-based system, which led to a lot of frustrations for patients. People would call 10 to 20 times and still not be able to get through because of the volume of calls. Physicians' offices had the same problems calling in referrals. We needed to find a better way."

Health PEI partners with the [CAN Health Network](#), which helps health organizations find solutions to challenges with products and services offered by regional businesses.

"Health PEI already had success with a PEI-based company called [Skip the Waiting Room](#), as they had created the system we used for booking COVID-19

tests," said Timmons. "Islanders were already familiar and comfortable with the service, so it made a lot of sense to apply it to booking lab tests."

Skip the Waiting Room was phased in for lab tests starting with the QEH, as it was the busiest location in the province. The results were better than expected.

"We did surveys of all the groups involved, and they all exceeded our expectations," said Timmons. "Seventy-five percent of patients said they were either satisfied or extremely satisfied with the service. Ninety-five percent said it was efficient and easy to use. Call volumes to the lab decreased by 55 percent, which meant staff were less stressed. Physicians' offices were very satisfied with it because it saved them the hassle of having to call in every referral."

Timmons' team liked the flexibility of the service, as they realized each location required different levels of service.

"Some patients of our rural hospitals prefer a more human connection," said Timmons. "They're more likely to want to speak with someone on the phone to book their appointment. That's important for us to know. What works in Charlottetown might not be the right option for Souris. We can be flexible."

To book an appointment for blood or specimen collection online or by phone, visit Health PEI's [Laboratory Services](#).



PROFILE

PROVINCIAL STROKE CARE PROGRAM RECEIVES STROKE DISTINCTION

For the second time, the Provincial Stroke Care Program has been awarded Stroke Distinction by Accreditation Canada. Stroke Distinction is a highly specialized quality improvement program, and PEI is the only group as a province to be awarded this honour, recognized for their organization's ability to provide best practice in stroke care.

"Stroke Distinction is really important, because it hands us a framework for success and says 'go for it,'" said Dr. Michael Gardam, CEO of Health PEI. "That's exactly what the team has done. They've raised the quality of care and standards for acute stroke and rehabilitation and aligned resources to key priority areas for improvement. I want to give a big congratulations to the team. You earned this."

Several special projects were implemented as part of the accreditation process. One was the reduction in time for CT results to be relayed to

the emergency departments. Research projects were also created to look at challenges faced by patients when they return home. The creation of the Stroke Navigator role made a big difference in helping patients in the transition from the hospital to home.

The final report noted excellent collaboration between rehab staff, nurses, specialists and EMS, and with ongoing collaboration with primary care, homecare, and community care.

"We have made significant institutional changes, right down to the individual units and groups that we work with, from thinking about stroke care as something that happens in hospital to something that we consider at every level of health care", says provincial stroke coordinator Trish Helm-Neima. "That's why the collaboration is so exciting. We have people across the system working on stroke, and it's making a real difference."



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
- Integrated Care
- Appropriate Care
- Safe 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 and 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 DHW, 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

- Conducted review of the *HPEI Emergency Department Diversion Policy* to support safe and quality care for patients in the event of a hospital diversion situation.
- Received approval of the new *HPEI Provincial Bed Closure and Opening Policy* to support the management of bed resources.
- Developed new occupancy reports for LTC and MHA.
- Creation of a checklist to track wait times for Provincial Stroke Unit beds.
- Developed “Escalation Matrix” to reduce off-load delays in the Emergency Department. The Escalation Matrix is a document that was distributed to Health PEI partners in Justice and Island Emergency Medical Services to support the escalation of concerns regarding extended off-load delays in emergency departments.
- Continued Intensive Care Unit (ICU) and COVID admission tracking to support system planning.
- Continued daily Provincial Bed Huddles to review system pressures and capacity.
- Ongoing work on Provincial Bed Management Standards and Provincial Patient Flow guidelines.
- Ongoing work on *HPEI Hospital Services Sites Provincial Overcapacity Policy* to support timely access to resources across all hospital sites.
- Expanded [PEI's Out-of-Province Medical Support Program](#) to include a gas card for eligible Islanders travelling off PEI for specialized health care services.

Innovative Technology and Practices

Virtual Care:

- A comprehensive *HPEI Virtual Care Policy* was developed and drafted by a collaborative working group and subsequently approved by ELT. This policy provides a clear definition of virtual care and outlines standards/appropriateness of care, authorized technologies, consent requirements, and other essential components.
- An extensive Island-wide survey on virtual care was conducted, garnering over 1,000 responses. Subsequently, four community meetings with the public were held, including one conducted entirely in French, to further explore the feedback. The valuable knowledge and insights gathered from these engagements were published in Canadian Healthcare Technology and shared with ELT. These [survey findings](#) played a pivotal role in improving our patient and provider support materials.
- An internal monthly webinar series opened to all government employees, “Bits & Bytes”, was introduced to bridge the gap between information, healthcare teams, patients and the future by sharing knowledge on digital health initiatives at Health PEI and other jurisdictions. The monthly program seeks to educate and excite individuals about digital health and fostering positive patient outcomes. The series also strives to engage healthcare providers in digital adoption, promoting collaboration and knowledge translation towards improved healthcare delivery.

GOAL 4 • Innovation and Efficiency

- The [Virtual Care Technical Support Desk](#) was successfully launched, offering live agent assistance and a ticketing system to support Islanders' virtual care needs. As of March 2023, approximately 750 patients were supported via telephone and email.
- As of March 2023, [virtual care services](#) have successfully facilitated approximately 25,000 virtual care encounters, including virtual visits, ensuring convenient and accessible healthcare to Islanders.
- The Virtual Care Project Coordination Centre (VCPCC) delivered a presentation at the Digital Health Canada: Atlantic Region Conference, focusing on the critical importance of enhancing digital health literacy. The spotlight was on the pressing need to create accessible and user-friendly resources for both patients and healthcare providers.
- Over 40 clinical areas participated in the Virtual Care Project Intake Program, which provided business services, project management and funding to support the novel use of virtual care in various domains, including Primary Care, Acute Care, MHA, Public Health, Home Care, LTC and more.

Home Care Solution:

- Home Care Service Delivery Transformation Project: A new electronic case management system, AlayaCare which includes all client's charts, an electronic client scheduling module and mobile app allowing staff to access a live chart when they are providing care in the client's home was successfully initiated on May 17, 2022. This system will support improving quality of care and consistency for clients, enhance ability for Home Care staff to perform their work, increase system planning and policy analysis capabilities for Health PEI.
 - A component of the new electronic system is the interRAI-HC (Home Care) assessment, which is a comprehensive holistic assessment which informs the clinician of client needs so that a care plan can be developed to attempt to address them. The interRAI assessment tool is designed to be a user-friendly, reliable and person-centered system that informs and guides comprehensive care planning and services in community-based settings.
 - Care planning tools including a care plan library were also developed.
 - The data gathered by the Canadian Institute for Health Information (CIHI) from the assessment and the new electronic case management system will allow improved planning by the health system.
 - These initiatives represented significant practice changes for Home Care staff. Strong emphasis has and continues to be placed on change management as we move from the project phase of the Home Care Service Delivery Transformation Project to the stabilization of the service delivery changes and continue to enhance our use of the new vendors software.
 - Further exploration of a palliative focused interRAI assessment is in its initial stage of exploration and development.
 - Provision of smartphones and/or SIM enabled tablets, containing mobile apps

GOAL 4 • Innovation and Efficiency

will enable staff to have access to real-time information/care plans and the ability to log completed activities, clinical notes, pictures and documents.

- o Implementation of electronic scheduling with real-time access on the platform that includes assignments, visits and tasks and full documentation of care.
- o Implementation of Integrated Data Exploration module to enable data analysis capabilities.

Clinical Information System (CIS):

- Completed system-wide upgrade to 2018.13.01 code level which brought numerous enhancements and corrections across entire suite of Clinical Information System (CIS) applications.
- Implementation of interfaces for additional automated dispensing cabinets in LTC facilities, resulting in better ward stock inventory management as well as patient safety improvements.
- Implementation of computerized provider order entry (CPOE) and electronic documentation at the Provincial Palliative Care Centre.
- Implemented Interactive View (iView) as part of Nursing Documentation Optimization in most adult and pediatric venues, improving the electronic documentation experience for nursing.
- Implemented registration and documentation functionality to support MHIDP and MHA Structured Programming initiatives.
- Implementation of electronic medication request functionality to allow nursing to communicate more quickly and clearly with pharmacy staff regarding medication stock, thus reducing paper and improving medication tracking.
- Completed integration projects, including:
 - o EMR – Clinical documentation along with lab integration.
 - o Home Care – Patient admission, discharge, transfer information.
 - o Registration Kiosks.

Provincial EMR:

- Majority of primary care providers were onboarded to the Provincial EMR with many specialists and specialty areas also fully or partially onboarded including Obstetrics and Gynecology, General Surgery, Geriatrics, Orthopedics, Plastics and Virtual Care Clinic. As of March 2023, 162 physicians and nurse practitioners have been onboarded with a total of 767 staff users on the Provincial EMR system.
- Development of the Provincial Prescriber virtual site within the EMR system to support ongoing provincial supports for COVID-19 services and specifically provincial prescription of Paxlovid.
- DHW and Health PEI worked with Canada Health Infoway on a national initiative regarding the electronic delivery of prescriptions called PrescriberIT®. This service will contribute to effective medication management by enabling prescribers to transmit a prescription electronically between a prescriber's EMR and the pharmacy management system of a patient's pharmacy of choice. Phase 1 of PrescriberIT® began in 2022-23, which gives prescribers the ability to electronically transmit prescriptions to pharmacies rather than relying on faxing. Phase 2 of

GOAL 4 • Innovation and Efficiency

PrescribeIT® will move forward in 2024 which will add in additional functionality to send and receive communication securely with pharmacies.

- Health PEI in collaboration with DHW:
 - Improved end-user functionality of the system for establishing patient relationship from 'Visits' screen, medication related functions (search, formulary, favorites), ability to save patient's preferred pharmacy when faxing prescription and ability to create new prescriptions when stopping a medication. Initial location separation features have been created to increase end-user and clinic ability to better customize the EMR system to suit day to day business operations.
 - Standardized Referral Process Resource Guides, quick reference guides and additional continuing education provided.
 - Provided additional training and on-site support including "Lunch and Learns" for all users.
 - Developed best practice workflows such as Inbox Management, Scheduling Appointments, Patient Visits, Using Presenting Issues and Encounter templates and Prescription Renewal.
 - Identified Diagnosis Search Improvements such as more accurate results, more intuitive ordering of results displayed and quicker speed to return results.
 - Reviewed initial data integrity and data clean up (e.g., identification of duplicates, rosters).

MHA:

- MHA Research and Education staff continue to focus on qualitative lived experiences of people who use MHA services on PEI, ensuring evidence-based research is efficiently translated to inform interdisciplinary clinical practice and is responsive to the service needs of Islanders. MHA is actively involved in the creation and dissemination of new innovative research, such as the recently completed study: *Understanding substance use issues as a factor in impaired driving in PEI through a lived experience lens*. This study was done in partnership with Politicos Research and with the support of DHW, Department of Justice and Public Safety.
- MHA is partnering with the Department of Justice and Public Safety to inform the establishment of a new Domestic Violence Court. This court will provide therapeutic alternatives responding to participant needs such as trauma and anger management.
- MHA established a collaboration with HLS Therapeutics to begin point of care testing via the CSAN Pronto device which will allow for on-site blood testing to inform clients' care in community.

GOAL 4 • Innovation and Efficiency

Collaboration with the Coordinated Accessible National (CAN) Health Network:

- The CAN Health Network is a Canada-first approach to technology adoption that supports the introduction of new technologies to the health care system. In 2022-2023, Health PEI collaborated with the network on two initiatives:
 - The Stepscan program at Health PEI was launched and is currently accepting patients needing support for walking or balance who may be at risk for falls. The program is currently used by the [Diabetes Active Steps for Health Program](#).
 - [Online booking](#) for laboratory services (blood and specimen collection) is now available building on previous success with other Health PEI programs.

Cancer Research and Innovation:

- PEI Cancer Registry received Gold Certification from the North American Association of Central Cancer Registries. PEI is always very successful with this and has a robust cancer registry of diagnosis and treatment information that informs cancer trends and service delivery planning.
- Soft launch of the Progress Reporting Tool to measure PEI's progress on the *Canadian Strategy for Cancer Control*.
- The PEI Cancer Registry continues to participate in research programs in Canada and for the International Agency for Research on Cancer (IARC) surveillance programs as part of the WHO's work. These IARC programs monitor the incidence and survival of many cancers across the world.
- Other types of research include university projects evaluating how cancer drugs perform after they have been approved by Health Canada to ensure their effectiveness (CanREValue). The registry is also participating in Cancer Prevention Potential in Atlantic Canada Study. This project is based at Dalhousie University and will look at cancer rates and geographic location as well as cancer risk factor rates to identify the best regions to target risk factor reduction programs.
- Within the Health PEI system, epidemiologists working within the registry have been helping with evaluation of the Breast Cancer Screening Program. The program evaluation is carried out every two years and is used for improving the program. They also report screening indicators to the Canadian Partnership Against Cancer. The most recent report on these indicators for PEI and for Canada is scheduled to be released in 2023-24.

FINANCIAL OVERVIEW

Highlights

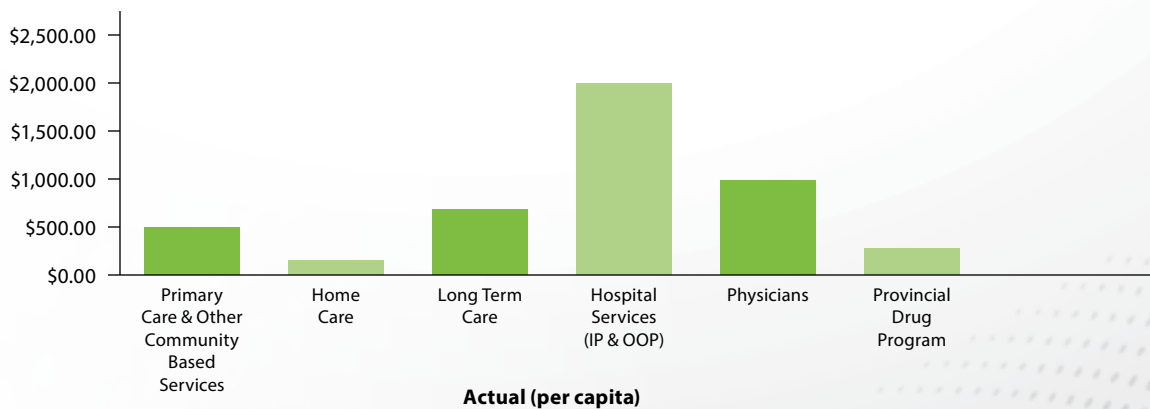
This section of the Annual Report highlights the organization’s operations for the fiscal year ending March 31, 2023. This financial section should be read in conjunction with Health PEI’s audited financial statements (Appendix C).

OPERATIONS	OPERATING ACTIVITIES
Revenues	\$ 851,203,524
Expenditures	\$ 851,203,524
Subtotal-Operating Surplus (Deficit)	\$ -
CAPITAL	
Revenues	\$ 31,943,159
Amortization	\$ 19,960,999
Capital Transfers	\$ -
Subtotal-Capital	\$ 11,982,160
Annual (Deficit) Surplus	\$ 11,982,160

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.

2022-23 Expenses per Capita (Actual)



FINANCIAL OVERVIEW

Highlights *(continued)*

EXPENSES BY SECTOR

Primary Health Care & Other Community Based Services - 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 and 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.

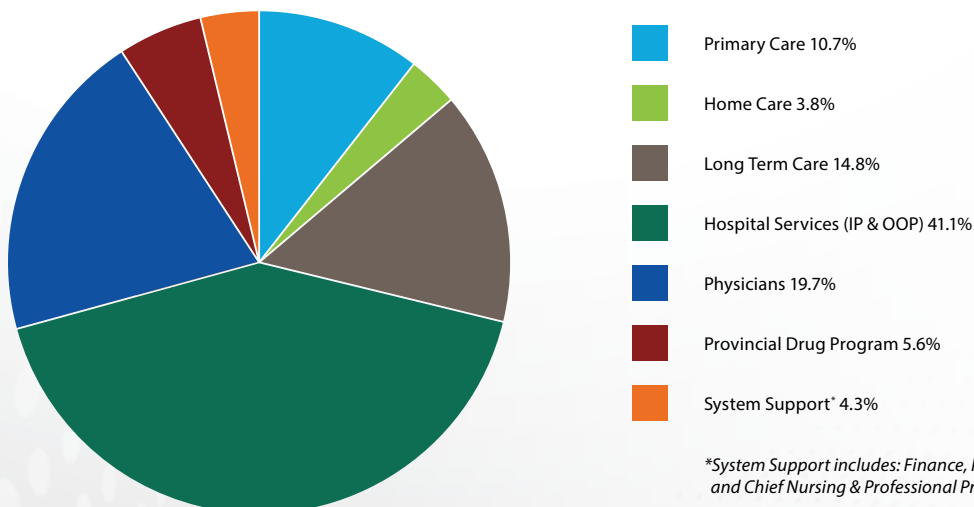
Hospital Services - expenses relating to acute nursing care, ambulatory care, laboratory, diagnostic imaging, pharmacies, ambulance services, the Clinical Information System (CIS), renal services and out-of-province medical care for Islanders.

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 but not limited to: 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.

2022-23 Expenses by Sector (Actual)



*System Support includes: Finance, HIU, Corporate Services, and Chief Nursing & Professional Practice.

HEALTH PEI by the Numbers

EMPLOYEES*	2020/21	2021/22	2022/23
Nursing (NPs, RNs, LPNs, RCWs & PCWs)	1,801	1,862	1,847
Administration and Management	212	240	235
Lab Technicians	166	161	166
Secretarial/Clerical	273	277	291
Utility Worker/Service Worker	396	394	390
Other Health Professionals and Support Staff	1,125	1,187	1,237
MEDICAL STAFF			
Family Physicians	124.15	126.65	121.95
Specialists	114.85	119.4	120.5
Residents	10	10	10
HOSPITAL-BASED SERVICE VOLUMES ACROSS HEALTH PEI			
Patient Days	147,887	160,117	160,964
Discharged Patients	14,036	14,569	14,673
Average Variance between Length of Stay and Expected Length of Stay (Days)	1.60	2.26	2.16
Alternate Level of Care (ALC) Patient Days	26,338	37,487	36,601
Average ALC Beds as a % of Total Medical Beds	48.0%	60.0%	43.0%
Emergency Department (ED) Visits	77,854	86,151	93,280
Emergency Hold Patient Days	5,080	7,435	8,906
Surgical Procedures	9,781	9,928	9,290
Admissions (excludes Hillsborough Hospital)	13,749	14,191	14,266
Average Length of Stay (days) (excludes Hillsborough Hospital)	8.51	9.93	10.12
Number of Diagnostic Imaging Tests	149,399	159,670	161,876
Number of Laboratory Tests Ordered	2,190,526	2,419,822	2,606,778
LONG-TERM CARE (PUBLIC FACILITIES ONLY)			
Occupancy Rate	95.3%	93.1%	88.2%
Number of Long-Term Care Admissions	192	135	236
Number of Long-Term Care Beds	622	622	622
Number of Long-Term Care Homes	9	9	9
Average Length of Stay (years)	2.8	3.6	2.9
HOME CARE			
Number of Clients Served by Home Care	4,834	4,929	5,167
Number of Home Care Clients that are 75+ years old	2,520	2,830	3,128
MENTAL HEALTH AND ADDICTIONS			
Community Mental Health Provincial – Referrals	5,199	5,513	4,702
Community Mental Health – Crisis Response	1,458	2,188	2,268
Addiction Services – Total Admissions	2,445	2,551	2,511
PRIMARY CARE**			
Primary Care Visits	420,850	442,493	427,118

* Sum of permanent Full-Time Equivalents (FTE) of employees as of March 31 for each fiscal year, excludes temporary FTEs and casuals.

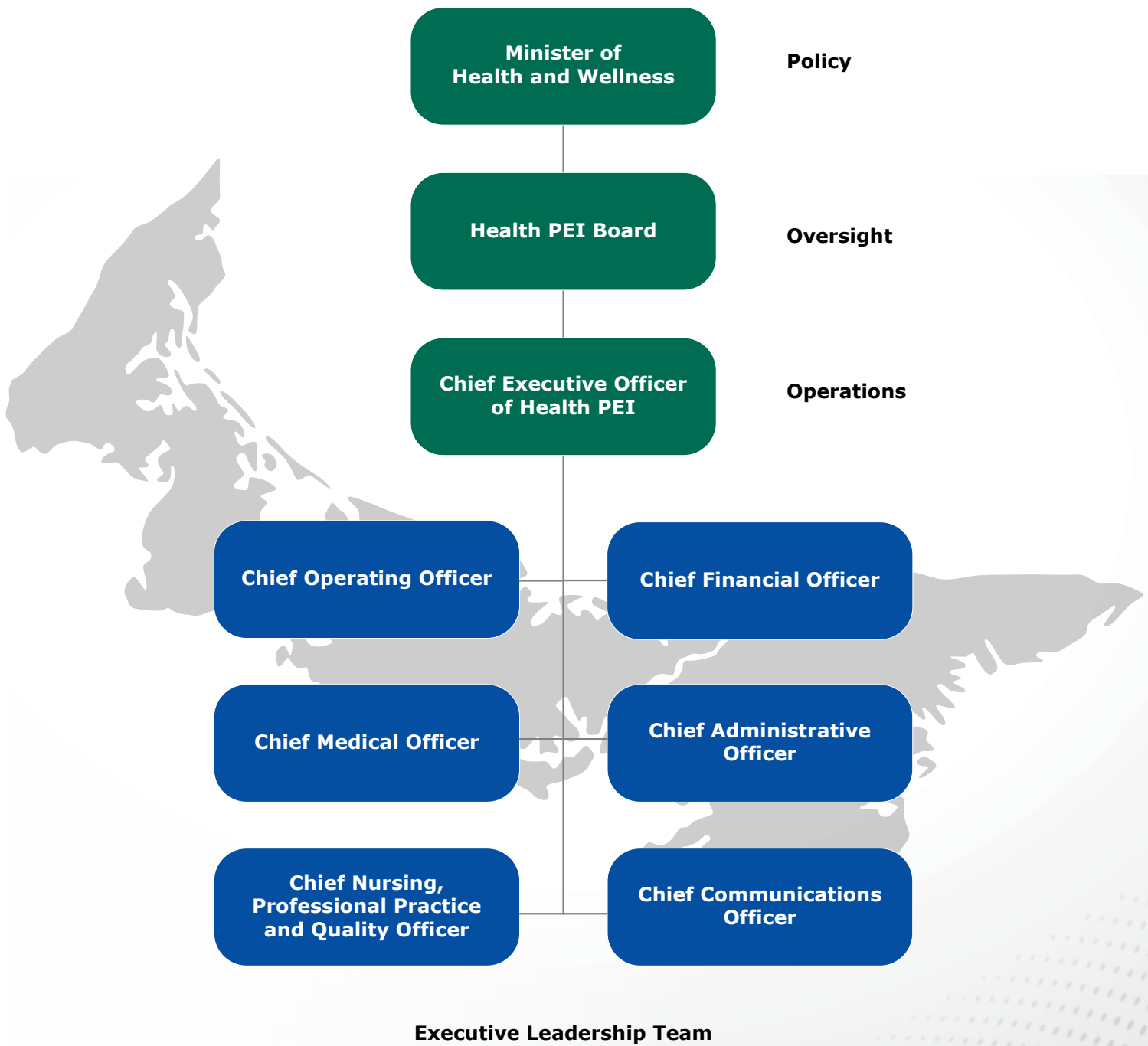
** Number of primary care visits is based on physician billing data (Office Service with General Practice for distinct physician, patient and day).

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. Prince Edward Island 49th Annual Statistical Review 2022.
8. Department of Health and Wellness 2019-2022 Strategic Plan.
9. Department of Health and Wellness Mandate Letter 2023.

APPENDIX A

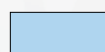
Organizational Structure



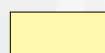
APPENDIX B

Health PEI Scorecard

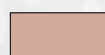
Indicator	Description	Target	2021-2022	2022-2023
Goal 1: People				
Vacancy Rate ¹	The vacancy rate reflects the percentage (%) of Health PEI's Nursing and Allied Health positions/Full-time Equivalent (FTEs) that are vacant. A vacant position/FTE is defined as a Health PEI position/FTE that is intended to be recruited for and/or filled.	12%	-	15.0%
Turn Over Rate ¹	Under Development	Under Development	-	0.07
Sick Time (FTE) ^{1b}	Sick Days per Budgeted Full-time Equivalent (FTE)	10.52	12.19	10.46
Sick Rate (% of sick time to pensionable hours) ^{1c}	Percentage of sick time to pensionable hours	Under Development	4.64%	5.30%
Overtime - Average Overtime Days by FTE ^{1b}	Average overtime days per full-time equivalent (Total Overtime Hours / Number of FTEs reported in days)	6 per FTE	8.00	8.84
Overtime rate (% of overtime hours to pensionable hours) ^{1c}	Percentage of overtime hours to pensionable hours	Under Development	2.27%	3.22%
Employee Incidents (violence, injuries) ¹	Number of workplace violence incidents and injuries reported by hospital workers within a 12 month period (severity levels 2- 5)	Under Development	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	5.17	5.84
	Rate of medication or fluid incidents per 1,000 patient days for severity level 2 - 5)	< 5 per 1,000 patient days	3.01	2.56
Hospital Deaths: Hospital Standardized Mortality Ratio (HSMR) ²	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	135	N/A ²
Patient Experience ³	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.	70% of clients giving a score of 7 and above	N/A	66.2%
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	44.0%	42.8%	43.9%
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	< 275 admissions	272	372



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.

Indicator	Description	Target	2021-2022	2022-2023
Goal 3: Access and Coordination (Continued)				
Wait Times (Community Programs, Community MHA - Psychiatry) (Under Validation)⁴	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	30.4%	21.7%
	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	15.3%	31.8%
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%	26.7%	25.4%
Average Length of Stay (ALOS) in the Frail Senior Program for Discharged Clients (in years)⁵	Average Length of Stay in the Frail Senior Program for Discharged Clients (in years)	0.84 years	0.86	0.86
Rate of LTC Resident Utilization of Inpatient and Emergency Department Services	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	<1 admissions per 1000 resident days	0.5	0.4
	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	1.0	0.9
Rate of Home Care Client Utilization of Inpatient and Emergency Department Services⁴	Home Care Client Utilization of Inpatient Services ⁶	Under Development	N/A	N/A
	Home Care Client Utilization of Emergency Services ⁶	Under Development	N/A	N/A
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	2.26	2.16
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.	67.62	75.83
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.	4.80	5.43
Percentage of Variance from Budget	Percentage of Variance from Budget	1.0%	0.46%	0.87%

¹ New indicator methodology, historical information not currently available.

^{1b} Deprecated indicator, new indicator methodology has been developed to replace Sick and Overtime per FTE.

^{1c} New indicator methodology which will replace Sick and Overtime per FTE. Target TBD as national standards for HR reporting are being developed.

² HSMR Provided by Canadian Institute for Health Information. FY2021-22 latest available data.

³ Bi-annual patient experience survey (June/July and January/February). FY2022-23 Indicator is based on historical question "Where you involved in your health care decisions as much as you wanted to be?". This indicator will transition to a new question "Overall, how was your experience during your hospital stay? (0 being the worst experience and 10 the best)" for the next patient experience survey in June/July.

⁴ Wait times are awaiting validation by MH&A.

⁵ Transitioned to a new reporting system. Clients have to be manually grouped and some clients grouped as either Long Term Supportive (LTS) or Long Term Maintenance (LTM) may have not been moved to the Frail Senior (FS) grouping category. Home Care is actively auditing data to update grouping categories. Manually provided indicator, awaiting AlayaCare data migration.

⁶ May 2022 – transitioned to new reporting system. 2022-23 is from May 2022 to March 31, 2023 (not a full fiscal year). Clients have to be manually grouped and some clients grouped as either Long Term Supportive (LTS) or Long Term Maintenance (LTM) may not have been manually moved to the Frail grouping category. Home Care staff are currently working on an audit plan in home care to correct inaccurate information. Currently working with AlayaCare system vendor to automatically source data.

APPENDIX C

Audited Financial Statements

HEALTH PEI

Financial Statements
March 31, 2023

Management's Report

Management's Responsibility for the Financial Statements

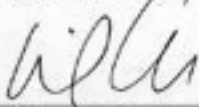
The financial statements have been prepared by management in accordance with Canadian Public Sector Accounting Standards and the integrity and objectivity of these statements are management's responsibility. Management is responsible for the notes to the financial statements and for ensuring that this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

August 11, 2023



Prince Edward Island

Office of the
Auditor General

PO Box 2000, Charlottetown PE
Canada C1A 7N8

Île-du-Prince-Édouard

Bureau du
vérificateur général

C.P. 2000, Charlottetown PE
Canada C1A 7N8

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of Health PEI

Opinion

We have audited the financial statements of Health PEI, which comprise the statement of financial position as at March 31, 2023 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 our opinion, the financial statements present fairly, in all material respects, the financial position of Health PEI as at March 31, 2023, 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

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

Key Audit Matter

Key audit matter is a matter that, in our professional judgment, was most significant in our audit of Health PEI's financial statements for the fiscal year ended March 31, 2023. This matter was addressed in the context of our audit of Health PEI's financial statements as a whole, and in forming our opinion thereon. We do not provide a separate opinion on this matter.

Effective April 1, 2022, Health PEI adopted the new Public Sector Accounting Standard *PS 3280 Asset Retirement Obligations* using the modified retroactive approach with restatement of prior year comparatives. An asset retirement obligation (ARO) of \$4.5 million, reported separately in Note 9, was identified as a key audit matter since adopting this new standard and estimating the liability to retire tangible capital assets can be complex and requires significant judgements, assumptions and inputs. Note 2 and Note 3h) of the financial statements outline Health PEI's methodology in calculating the ARO. Management used past reports from an environmental consulting firm, that were completed for areas where renovations were planned, to determine if hazardous materials were present in its tangible capital assets. Management also used remediation rates, based on industry standards, that were provided by another environmental consulting firm.

Our audit work to address this key audit matter consisted of examining Health PEI's management processes to assess the completeness and accuracy of tangible capital assets with retirement obligations along with determining the nature and extent of work required for retiring these tangible capital assets. We evaluated the methodology, data, and assumptions used by management to estimate the costs involved, including the application of present value techniques. We were able to verify the reasonableness of the estimated obligation by comparing management's estimates to:

the environmental consulting firm reports of hazardous materials and associated rates of remediation, other hazardous material reports for other government buildings of similar age and the remediation rates used by other provinces in estimating their asset retirement obligations. Additionally, we evaluated Health PEI's implementation of PS 3280 and related disclosures in accordance with the transitional provisions of the new standard.

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

Our 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 our 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, we exercise professional judgment and maintain professional skepticism throughout the audit. We 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 our 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 we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our 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.

We 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 we identify during our audit.



Darren Noonan, CPA, CA
Auditor General



Elvis Alisic, CPA, CA
Assistant Auditor General

Charlottetown, Prince Edward Island
August 11, 2023

HEALTH PEI

Statement of Financial Position
March 31, 2023

	2023	Restated (Note 2) 2022
	\$	\$
Financial Assets		
Cash	15,230,372	12,416,147
Restricted cash (Note 3b)	1,409,951	1,412,115
Accounts receivable (Note 5)	49,550,458	47,383,106
Due from the Department of Health and Wellness	<u>99,546,150</u>	<u>78,441,694</u>
	<u>165,736,931</u>	<u>139,653,062</u>
Liabilities		
Accounts payable and accrued liabilities (Note 8)	162,164,635	136,868,949
Asset retirement obligations (Note 9)	4,505,825	4,319,648
Employee future benefits (Note 10)	93,799,595	91,874,492
Deferred donations (Note 3b)	1,409,951	1,412,115
Deferred revenue (Note 11)	<u>738,820</u>	<u>3,654,620</u>
	<u>262,618,826</u>	<u>238,129,824</u>
Net Debt	<u>(96,881,895)</u>	<u>(98,476,762)</u>
Non Financial Assets		
Tangible capital assets (Note 14)	256,921,682	245,638,537
Inventories of supplies (Note 6)	10,570,221	10,954,412
Prepaid expenses (Note 7)	<u>2,554,846</u>	<u>3,066,507</u>
	<u>270,046,749</u>	<u>259,659,456</u>
Accumulated Surplus	<u>173,184,854</u>	<u>161,182,694</u>
Supplementary Information		
Trusts under administration (Note 19)	1,355,700	1,269,776

(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, 2023

	Budget (Note 20) 2023	2023	Restated (Note 2) 2022
	\$	\$	\$
Revenues			
Operating grants:			
Province of Prince Edward Island:			
Department of Health and Wellness	807,529,600	804,409,794	748,299,302
Covid-19 Response & Recovery Fund (Note 16)	-	9,702,916	17,400,056
Federal Government	5,750,600	8,599,606	5,864,220
Fees - patient and client (Note 17)	22,289,000	20,117,923	21,815,597
Food services	1,141,400	992,609	943,904
Sales	579,400	389,329	337,666
Other	<u>1,448,800</u>	<u>6,991,347</u>	<u>7,999,634</u>
Operational Revenues	<u>838,738,800</u>	<u>851,203,524</u>	<u>802,680,379</u>
Capital grants:			
Province of Prince Edward Island:			
Department of Health and Wellness	47,820,400	21,775,835	10,516,188
Other capital contributions	<u>6,334,200</u>	<u>10,167,324</u>	<u>9,346,206</u>
Capital Revenues	<u>54,154,600</u>	<u>31,943,159</u>	<u>19,862,364</u>
	<u>892,893,400</u>	<u>883,146,683</u>	<u>822,542,773</u>
Expenses (Note 21)			
Community Hospitals	30,040,400	31,164,248	29,576,948
Acute Care	206,222,500	215,733,494	203,140,708
Addiction Services	15,422,100	15,496,244	14,564,542
Acute Mental Health	23,882,800	22,582,302	22,307,404
Community Mental Health	22,062,800	21,091,994	19,486,585
Long-Term Care	79,532,600	84,416,630	80,536,427
Private Nursing Home Subsidies	37,167,200	38,071,098	36,835,179
Public and Dental Health	18,457,300	21,284,730	22,725,007
Professional Practice and Chief Nursing Office	3,764,500	3,339,616	3,347,802
Provincial Pharmacare Programs	45,822,900	47,718,967	43,680,095
Home Care, Palliative, and Geriatric Care	32,639,400	35,446,957	29,147,512
Provincial Laboratory and Diagnostic Imaging	37,014,800	38,786,996	38,266,217
Provincial Hospital Pharmacies	8,859,500	8,988,614	8,330,933
Corporate and Support Services	21,218,300	21,213,121	16,877,507
Financial Services	9,484,500	10,917,728	8,733,911
Medical Programs - In Province	161,495,100	154,570,306	149,424,576
Medical Programs - Out of Province	53,795,500	47,034,413	47,435,364
Primary Care and Chronic Disease	<u>31,856,800</u>	<u>33,346,066</u>	<u>28,283,662</u>
Program and Service Expenses	<u>838,738,800</u>	<u>851,203,524</u>	<u>802,680,379</u>
Amortization of tangible capital assets	<u>24,503,000</u>	<u>19,960,999</u>	<u>18,395,038</u>
	<u>863,241,800</u>	<u>871,164,523</u>	<u>821,075,417</u>
Annual Surplus (Note 16)	<u>29,651,600</u>	11,982,160	1,467,356
Accumulated Surplus, beginning of year		<u>161,182,694</u>	<u>159,715,338</u>
Accumulated Surplus, end of year		<u>173,164,854</u>	<u>161,182,694</u>

(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, 2023

	Budget 2023	2023	Restated (Note 2) 2022
	\$	\$	\$
Net Debt, beginning of year	(98,476,762)	(98,476,762)	(97,938,971)
Restatement (Note 2)	-	-	(4,141,164)
Net Debt, beginning of year, restated	(98,476,762)	(98,476,762)	(102,080,135)
Changes in year:			
Annual surplus	29,651,600	11,982,160	1,487,356
Acquisition of tangible capital assets	(54,154,600)	(31,943,159)	(19,862,394)
Proceeds on disposal of tangible capital assets	-	37,339	129,560
Amortization of tangible capital assets	24,503,000	19,960,999	18,395,038
Loss (gain) on disposal of tangible capital assets	-	661,676	(97,813)
Decrease in inventories of supplies	-	384,191	3,438,044
Decrease in prepaid expenses	-	511,661	133,582
Changes in Net Debt	-	1,594,867	3,603,373
Net Debt, end of year	(98,476,762)	(96,881,895)	(98,476,762)

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

HEALTH PEIStatement of Cash Flow
for the year ended March 31, 2023

	2023	Restated (Note 2) 2022
	\$	\$
Cash provided (used) by:		
Operating Activities		
Surplus for the year	11,982,160	1,467,356
Loss (gain) on disposal of tangible capital assets	661,676	(97,813)
Amortization of tangible capital assets	19,960,999	18,395,038
Accretion expense (Note 9)	186,177	178,484
Changes in:		
Accounts receivable	(2,167,352)	(27,835,657)
Due from the Department of Health and Wellness	(21,104,456)	9,746,365
Accounts payable and accrued liabilities	25,295,686	10,194,820
Employee future benefits	1,925,103	4,071,366
Deferred revenue	(2,915,800)	1,106,552
Inventories of supplies	384,191	3,436,044
Prepaid expenses	511,661	133,562
Cash provided by operating activities	<u>34,720,045</u>	<u>20,998,137</u>
Capital Activities		
Acquisition of tangible capital assets	(31,943,159)	(19,862,394)
Proceeds on disposal of tangible capital assets	37,339	129,560
Cash used by capital activities	<u>(31,905,820)</u>	<u>(19,732,834)</u>
Change in cash	2,814,225	1,265,303
Cash, beginning of year	<u>12,416,147</u>	<u>11,150,844</u>
Cash, end of year	<u>15,230,372</u>	<u>12,416,147</u>

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

HEALTH PEI

Notes to Financial Statements
March 31, 2023

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. Adoption of PS 3280 Asset Retirement Obligations

Effective April 1, 2022, Health PEI adopted the new Public Sector Accounting Standard *PS 3280 Asset Retirement Obligations*, using the modified retroactive application approach with restatement of prior year comparatives. On initial application of the standard, Health PEI recognized the following:

- A liability for existing asset retirement obligations (AROs);
- An ARO cost capitalized as an increase to the carrying amount of the related tangible capital assets;
- Accumulated amortization on the capitalized asset retirement cost from the date the liability was deemed to occur; and
- An adjustment to the opening balance of accumulated surplus.

These amounts were measured using information, assumptions and discount rates that are current at the beginning of the fiscal year. The amount recognized as an asset retirement cost is measured as of the date the ARO was incurred. Accumulated accretion and amortization are measured for the period from the date the liability would have been recognized had the provisions of this standard been in effect to the date as of which this standard is first applied.

HEALTH PEI

Notes to Financial Statements
March 31, 2023

2. Adoption of PS 3280 Asset Retirement Obligations (continued...)

As a result, the 2022 financial statement figures presented have been restated to reflect this new standard. The impact of the restatement on the 2022 comparative figures is as follows:

Statement of Financial Position

	As previously reported 2022 \$	ARO adjustment \$	Restated 2022 \$
Financial Assets			
Due from the Department of Health and Wellness	78,263,210	178,484	78,441,694
Liabilities			
Asset retirement obligations	-	4,319,648	4,319,648
Net Debt	(94,335,598)	(4,141,164)	(98,476,762)
Non Financial Assets			
Tangible capital assets (Note 14)	245,260,314	378,223	245,638,537
Accumulated Surplus	164,945,635	(3,762,941)	161,182,694

Statement of Operations and Accumulated Surplus

	As previously reported 2022 \$	ARO adjustment \$	Restated 2022 \$
Revenues			
Operating grants: Department of Health and Wellness	748,120,818	178,484	748,299,302
Expenses			
Community Hospitals	29,521,229	55,719	29,576,948
Acute Care	203,017,943	122,765	203,140,708
Amortization of tangible capital assets	18,367,219	27,819	18,395,038
Annual Surplus	1,495,175	(27,819)	1,467,356
Accumulated Surplus, beginning of year	<u>163,450,460</u>	<u>(3,735,122)</u>	<u>159,715,338</u>
Accumulated Surplus, end of year	<u>164,945,635</u>	<u>(3,762,941)</u>	<u>161,182,694</u>

HEALTH PEI

Notes to Financial Statements
March 31, 2023

2. Adoption of PS 3280 Asset Retirement Obligations (continued...)

For the year ended March 31, 2022, the impact of the restatement has been to recognize a \$4,319,648 increase in ARO, a \$1,146,053 increase to the cost of tangible capital assets, and a \$767,830 increase in accumulated amortization of the capital assets, along with a \$178,484 increase to the amount due from the Department of Health and Wellness, with the difference recognized through accumulated surplus.

3. 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.

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 6, 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.

HEALTH PEI

Notes to Financial Statements
March 31, 2023

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

e) Prepaid Expenses

Prepaid expenses, as described in Note 7, 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, betterment, and/or retirement 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.

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.

HEALTH PEI

Notes to Financial Statements
March 31, 2023

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

h) Liability for Asset Retirement Obligations (AROs)

AROs are provisions for legal obligations for the cost of remediating Health PEI's tangible capital assets that are in productive use or not in productive use. The legal obligation giving rise to an ARO can be a result of regulations set by governments or regulatory bodies, contracts, legislation or promissory estoppels. An ARO is recognized when the following criteria have been met:

- There is a legal obligation to incur retirement costs in relation to a tangible capital asset;
- The past transaction or event giving rise to the liability has occurred;
- It is expected that future economic benefits will be given up; and
- A reasonable estimate of the ARO can be made.

The estimated liability is the discounted estimated cash flows required to settle the retirement obligation and is recorded in the period in which an obligation arises.

For assets that are still in productive use, there is a corresponding increase to the carrying value of the related asset. These assets are amortized over the estimated remaining useful life of the underlying asset. For assets fully amortized, but still in productive use, the ARO cost is amortized over the period until which time it is estimated to be retired. If the asset is still in productive use and is not recorded, the ARO cost is expensed in the period. For assets that are no longer in productive use, the ARO cost is expensed in the period.

i) 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.

j) 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 10. 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.

HEALTH PEI

Notes to Financial Statements
March 31, 2023

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

k) 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 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.

l) 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.

m) 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.

n) 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.

HEALTH PEI

Notes to Financial Statements
March 31, 2023

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

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, liabilities for asset retirement obligations, 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.

The nature of uncertainty in the ARO arises from uncertainty in the settlement amount, timing of the settlement and the discount rate, which could cause the actual ARO to differ significantly from Health PEI's estimate.

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.

o) Future Changes in Accounting Standards

The Public Sector Accounting Board has issued the following new accounting standard that is not in effect as of the date of these financial statements:

- 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 standard has not been applied in preparing these financial statements. Health PEI is currently assessing the impact of this new standard, and the extent of the impact of its adoption on the financial statements has not yet been fully determined.

4. 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.

HEALTH PEI

Notes to Financial Statements
March 31, 2023

4. Financial Instruments (continued...)

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.

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 5.

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:

	<u>2023</u>	<u>2022</u>
	\$	\$
61-90 days	492,277	185,998
91-180 days	758,163	776,085
Greater than 180 days	<u>587,916</u>	<u>2,479,051</u>
	<u>1,838,356</u>	<u>3,441,134</u>

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.

HEALTH PEI

Notes to Financial Statements
March 31, 2023

5. Accounts Receivable	<u>2023</u> \$	<u>2022</u> \$
Fees and revenues receivable	6,130,639	9,457,439
Drug product rebates (PLA agreements)	25,044,459	13,285,158
Assessments of physician billings	658,789	658,789
Hospital foundations	3,445,346	3,707,272
Province of Prince Edward Island		
Covid-19 Response and Recovery Fund	9,702,916	17,400,056
Other	4,410,203	3,062,390
Employee advances	211,555	255,444
Other	<u>2,191,758</u>	<u>2,787,820</u>
	51,795,685	50,614,368
Less: provision for doubtful accounts	<u>(2,245,207)</u>	<u>(3,231,262)</u>
	<u>49,550,458</u>	<u>47,383,106</u>

The aging of fees and revenues receivable is as follows:

	<u>2023</u> \$	<u>2022</u> \$
Current	2,497,002	3,215,188
61-90 days past due	512,005	204,494
91-180 days past due	1,026,269	854,539
Greater than 180 days past due	<u>2,095,363</u>	<u>5,183,218</u>
	<u>6,130,639</u>	<u>9,457,439</u>

6. Inventories of Supplies	<u>2023</u> \$	<u>2022</u> \$
Medical, surgical and general supplies	5,767,262	5,467,910
Personal protective equipment	1,842,070	3,010,655
Drugs	<u>2,960,889</u>	<u>2,475,847</u>
	<u>10,570,221</u>	<u>10,954,412</u>

7. Prepaid Expenses	<u>2023</u> \$	<u>2022</u> \$
Maintenance contracts	441,711	886,838
Workers Compensation Board fees	2,016,852	1,847,118
Other	<u>96,283</u>	<u>332,551</u>
	<u>2,554,846</u>	<u>3,066,507</u>

HEALTH PEI

Notes to Financial Statements
March 31, 2023

8. Accounts Payable and Accrued Liabilities

	<u>2023</u> \$	<u>2022</u> \$
Accounts payable	42,552,609	26,962,005
Accrued liabilities	61,736,041	55,255,085
Salaries and benefits payable	29,257,785	25,941,547
Accrued vacation pay	<u>28,618,200</u>	<u>28,690,312</u>
	<u>162,164,635</u>	<u>136,868,949</u>

9. Asset Retirement Obligations

Health PEI's asset retirement obligations relate to buildings and equipment, with the majority of obligations relating to buildings. Health PEI estimated the nature and extent of hazardous materials requiring remediation in its buildings based on past reports of hazardous materials completed by an environmental consultant for areas where renovations were planned. Average costs per square foot to remediate the hazardous materials identified were based on industry standards. These costs were used to calculate the estimated obligations.

The estimated liability is the discounted estimated future cash flows required to settle the ARO. The estimated liability is recorded in the period that the obligation to remediate occurs.

The discount rate used for the asset retirement obligation calculation is 4.31% for the 2022 restated and the 2023 fiscal years. The estimated undiscounted expenditures are \$8,297,178 with estimated retirement years ranging from 2024 to 2038.

Below is a reconciliation of the beginning and ending aggregate carrying amount of the liability:

	<u>2023</u> \$	Restated <u>2022</u> \$
ARO liability, beginning of year	4,319,648	4,141,164
Estimated liabilities incurred	-	-
Estimated liabilities settled	-	-
Estimated liabilities disposed	-	-
Accretion expense	186,177	178,484
Revisions in estimated costs	-	-
ARO liability, end of year	<u>4,505,825</u>	<u>4,319,648</u>

HEALTH PEI

Notes to Financial Statements
March 31, 2023

10. 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 Telus Health (formerly LifeWorks), 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, 2022.

Significant actuarial assumptions used in the valuation and projections are:

Discount rate: 3.55% (April 1, 2021 - 2.78%)

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 4.31% at April 1, 2023 has also been applied resulting in a decrease of \$3,845,860 to the accrued benefit obligation and a corresponding increase in the unamortized gains and losses at March 31, 2023.

HEALTH PEI

Notes to Financial Statements
March 31, 2023

10. Employee Future Benefits (continued...)

	2023 \$	2022 \$
Balance, beginning of year	62,457,129	59,048,503
Current service cost	4,593,952	4,752,900
Interest accrued on liability	2,071,829	1,688,411
Amortization of actuarial gains & losses	329,211	457,025
Less: payments made	<u>(5,278,221)</u>	<u>(3,489,710)</u>
Balance, end of year	<u>64,173,900</u>	<u>62,457,129</u>
Gross accrued benefit obligation	56,245,200	58,703,500
Unamortized actuarial gains & losses	<u>7,928,700</u>	<u>3,753,629</u>
Net accrued benefit obligation	<u>64,173,900</u>	<u>62,457,129</u>

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 Telus Health (formerly LifeWorks), 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, 2022.

Significant actuarial assumptions used in the valuation and projections are:

Discount rate: 3.55% (April 1, 2021 - 2.78%)

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.

HEALTH PEI

Notes to Financial Statements
March 31, 2023

10. Employee Future Benefits (continued...)

A revised discount rate of 4.31% at April 1, 2023 has also been applied resulting in a decrease of \$1,305,001 to the accrued benefit obligation and a corresponding increase in the unamortized gains and losses at March 31, 2023.

	2023 \$	2022 \$
Balance, beginning of year	29,417,363	28,754,623
Current service cost	3,490,588	3,541,100
Interest accrued on liability	922,745	750,212
Amortization of actuarial gains & losses	(146,869)	(50,781)
Less: payments made	<u>(4,058,132)</u>	<u>(3,577,791)</u>
Balance, end of year	<u>29,625,695</u>	<u>29,417,363</u>
Gross accrued benefit obligation	25,326,800	28,276,600
Unamortized actuarial gains & losses	<u>4,298,895</u>	<u>3,140,763</u>
Net accrued benefit obligation	<u>29,625,695</u>	<u>29,417,363</u>

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 \$22,664,519 (2022 - \$22,330,938) 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 \$1,745,544 (2022 - \$1,641,803) was contributed towards salaried physicians' personal RRSP accounts.

HEALTH PEI

Notes to Financial Statements
March 31, 2023

10. 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.

11. Deferred Revenue

Deferred revenues set aside for specific purposes as required either by legislation, regulation, or agreement as at March 31, 2023:

	<u>Balance, beginning of year</u> \$	<u>Receipts during year</u> \$	<u>Transferred to revenue</u> \$	<u>Balance, end of year</u> \$
Health promotion projects	<u>3,654,620</u>	<u>5,897,500</u>	<u>(8,813,300)</u>	<u>738,820</u>

12. 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 three years include:

	<u>2024</u> \$	<u>2025</u> \$	<u>2026</u> \$
Canadian Partnership Against Cancer	<u>713,200</u>	<u>1,127,100</u>	<u>659,680</u>

13. Contingent Liabilities

Health PEI is subject to legal actions arising in the normal course of business. At March 31, 2023, 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.

HEALTH PEI
Notes to Financial Statements
March 31, 2023

14. Tangible Capital Assets

	Land and land improvements	Buildings and improvements	Equipment and vehicles	Computer hardware and software	2023 Total	Restated 2022 Total
	\$	\$	\$	\$	\$	\$
Cost						
Opening balance ¹	4,017,064	333,878,699	80,090,743	60,254,082	484,241,479	465,804,165
Additions	99,301	15,117,107	13,249,044	3,477,707	31,943,159	10,862,394
Disposals	-	-	(935,889)	(2,100,860)	(3,036,749)	(1,058,369)
Adjustments ²	-	(1,922,261)	(8,689,812)	-	(7,122,073)	(286,711)
Closing balance	4,116,365	247,973,526	92,304,987	61,631,829	506,025,817	484,241,479
Accumulated Amortization						
Opening balance ¹	1,304,115	126,942,444	61,072,123	49,284,260	238,602,942	221,601,237
Disposals	-	-	(935,889)	(1,716,411)	(2,652,299)	(1,626,622)
Amortization	112,064	8,742,814	9,487,082	1,619,239	19,960,999	18,395,038
Adjustments ²	-	(707,695)	(8,689,812)	-	(9,397,507)	(286,711)
Closing balance	1,416,179	124,977,563	63,523,505	49,187,088	249,104,135	238,602,942
Net book value	2,700,186	212,995,973	28,780,582	12,444,741	256,921,682	245,638,537

¹Cost and accumulated amortization for buildings and improvements and equipment and vehicles have been restated to include the transitional impacts related to the adoption of PS 3280 Asset Retirement Obligations. Transitional impacts are disclosed in Note 2.

²Management 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 \$7,122,073 to cost and \$9,807,507 to accumulated amortization of the above asset classes (2022 - \$366,711 to both cost and accumulated amortization), resulting in a net adjustment of \$314,566 to the net book value.

Cost at March 31, 2023 includes assets under construction as follows:

	2023 \$	2022 \$
Queen Elizabeth Hospital	7,582,098	1,097,999
Prince County Hospital	73,176	944,507
Kings County Memorial Hospital	15,078	1,171,595
Community Health Centres	804,149	45,911
Other buildings - major improvements	2,057,174	332,729
Leasehold improvements	381,115	170,692
Equipment	4,107,665	2,315,702
Computer hardware and software	3,907,405	3,272,885
Vehicles	408,099	-
	<u>19,335,959</u>	<u>9,352,020</u>

HEALTH PEI

Notes to Financial Statements
March 31, 2023

15. 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:

	2024	2025	2026	2027	2028	Thereafter
	\$	\$	\$	\$	\$	\$
Private nursing homes	33,519,807	-	-	-	-	-
Private medical clinics	3,154,400	-	-	-	-	-
IT maintenance	3,900,016	3,026,672	3,054,243	3,083,193	2,813,030	-
PEI Medical Society	2,269,999	-	-	-	-	-
Maintenance contracts	3,079,125	2,703,514	2,673,656	2,479,033	1,853,167	12,912,037
Education funds	800,000	-	-	-	-	-
Facility rental	2,230,819	1,571,243	-	-	-	-
Other	4,508,490	3,334,325	1,935,586	767,711	574,302	273,611
	<u>53,460,456</u>	<u>10,635,754</u>	<u>7,663,485</u>	<u>6,329,937</u>	<u>5,240,499</u>	<u>13,185,648</u>

Health PEI has \$8,673,410 in outstanding contractual commitments for capital projects that commenced on or before March 31, 2023 and are still incomplete.

16. 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.

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

HEALTH PEI

Notes to Financial Statements
March 31, 2023

16. Related Party Transactions (continued...)

	<u>2023</u> \$	<u>Restated</u> <u>2022</u> \$
Transfers from the Province of Prince Edward Island:		
Operating grant - Department of Health and Wellness	804,409,794	748,299,302
Covid-19 Response and Recovery Fund ¹	9,702,916	17,400,056
Capital grant - Department of Health and Wellness	21,775,835	10,516,188
Salary recoveries	1,438,550	2,084,221
Other sales and expenses	<u>6,588,565</u>	<u>4,312,203</u>
	<u>843,915,660</u>	<u>782,611,970</u>
Transfers to the Province of Prince Edward Island:		
Salary reimbursements	1,490,788	1,403,993
Insurance premiums	4,093,947	3,421,831
Public Service Commission	760,083	660,604
Property taxes	370,620	358,454
Computer hardware & software	2,636,744	1,790,994
Other expenses	<u>2,853,953</u>	<u>3,156,364</u>
	<u>12,206,115</u>	<u>10,792,240</u>

¹The 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, 2023, the Province will reimburse Health PEI \$9,702,916 from the Response and Recovery Contingency Fund. For the year ended March 31, 2022, Health PEI received \$17,400,056 in COVID-19 funding.

Included within the accounts receivable balance at year-end are \$14,113,119 (2022 - \$20,462,446) of transfers due from the Province of Prince Edward Island. Included within the accounts payable balance at year-end are \$2,912,381 (2022 - \$6,694,287) of transfers due to the Province of Prince Edward Island.

17. Fees - Patient and Client

	<u>2023</u> \$	<u>2022</u> \$
Long-Term Care resident fees	12,009,640	12,646,989
Hospital medical services:		
Non-residents	4,954,550	4,447,571
Uninsured hospital services - workers compensation	1,436,684	1,228,267
Other uninsured hospital services	1,656,358	3,317,588
Hospital preferred room accommodations	60,386	169,347
Other	<u>305</u>	<u>5,835</u>
	<u>20,117,923</u>	<u>21,815,597</u>

HEALTH PEI

Notes to Financial Statements
March 31, 2023

18. Annual Surplus

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, 2023 was comprised of:

	<u>Operational</u>	<u>Capital</u>	<u>2023</u>
	\$	\$	\$
Grants - Province of Prince Edward Island:			
Department of Health and Wellness	804,409,794	21,775,835	826,185,629
Covid-19 Response and Recovery Fund	9,702,916	-	9,702,916
Other revenues	<u>37,090,814</u>	<u>10,167,324</u>	<u>47,258,138</u>
Total revenues	851,203,524	31,943,159	883,146,683
Program and service expenses	851,203,524	-	851,203,524
Amortization	-	<u>19,980,999</u>	<u>19,980,999</u>
Surplus	-	<u>11,982,160</u>	<u>11,982,160</u>

19. Trusts Under Administration

At March 31, 2023, the balance of funds held in trust for residents of facilities in Long-Term Care was \$1,355,700 (2022 - \$1,268,776). 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.

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, 2023, the Province budgeted \$24,503,000 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, 2023, Health PEI reallocated certain budget amounts among its divisions. The following table shows the reallocation of the original approved budget.

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Notes to Financial Statements
March 31, 2023

20. Budgeted Figures (continued...)

	Original Approved <u>Budget</u> \$	Adjustments Between <u>Divisions</u> \$	Budget - Statement of <u>Operations</u> \$
Revenues			
Operating grants:			
Province of Prince Edward Island:			
Department of Health and Wellness	807,529,600	-	807,529,600
Federal Government	5,750,600	-	5,750,600
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	<u>838,738,800</u>	-	<u>838,738,800</u>
Capital grants - Dept. of Health and Wellness	47,820,400	-	47,820,400
Other capital contributions	6,334,200	-	6,334,200
Capital Revenues	<u>54,154,600</u>	-	<u>54,154,600</u>
	<u>892,893,400</u>	-	<u>892,893,400</u>
Expenses			
Community Hospitals	30,024,600	15,800	30,040,400
Acute Care	207,638,000	(1,413,500)	206,222,500
Addiction Services	15,635,500	(213,400)	15,422,100
Acute Mental Health	23,959,900	(77,100)	23,882,800
Community Mental Health	22,419,700	(357,100)	22,062,600
Long-Term Care	80,180,800	(648,200)	79,532,600
Private Nursing Home Subsidies	37,167,200	-	37,167,200
Public and Dental Health	18,457,300	-	18,457,300
Professional Practice and Chief Nursing Office	4,862,600	(1,098,100)	3,764,500
Provincial Pharmacare Programs	45,748,800	74,100	45,822,900
Home Care, Palliative, and Geriatric Care	32,608,100	33,300	32,639,400
Provincial Laboratory and Diagnostic Imaging	37,044,500	(29,700)	37,014,800
Provincial Hospital Pharmacies	8,634,900	224,800	8,859,500
Corporate and Support Services	20,885,000	333,300	21,218,300
Financial Services	9,228,000	256,500	9,484,500
Medical Programs - In Province	161,132,700	362,400	161,495,100
Medical Programs - Out of Province	54,250,500	(455,000)	53,795,500
Primary Care and Chronic Disease	26,864,700	2,992,100	31,856,800
Program and Service Expenses	<u>838,738,800</u>	-	<u>838,738,800</u>
Amortization of tangible capital assets	24,503,000	-	24,503,000
	<u>863,241,800</u>	-	<u>863,241,800</u>
Annual Surplus	<u>29,651,600</u>	-	<u>29,651,600</u>

HEALTH PEI
Notes to Financial Statements
March 31, 2023

21. Expenses by Type

The following is a summary of expenses by type:

	Compensation	Supplies	Sundry*	Equipment	Contracted Out Services	Buildings and Grounds	2023 Total
	\$	\$	\$	\$	\$	\$	\$
Community Hospitals	23,902,343	4,850,296	777,258	464,995	604,992	564,364	31,104,248
Acute Care	150,552,133	49,073,058	4,338,920	3,844,516	5,855,068	2,089,790	215,733,494
Addiction Services	12,889,247	929,733	1,128,997	85,307	256,300	208,630	15,496,244
Acute Mental Health	19,049,873	1,946,155	380,931	142,321	676,821	386,201	22,682,302
Community Mental Health	17,208,646	231,468	2,293,536	73,341	1,173,900	111,000	21,091,994
Long-Term Care	71,584,160	7,949,452	2,106,845	698,545	247,621	1,620,007	84,416,630
Private Nursing Home Subsidies	-	-	38,071,098	-	-	-	38,071,098
Public and Dental Health	13,807,018	668,602	232,059	51,687	6,486,862	38,502	21,284,730
Professional Practice and Chief Nursing Office	3,160,893	10,824	135,856	15,287	96,766	-	3,339,616
Provincial Pharmacare Programs	936,333	728,723	40,636,779	14,739	5,199,363	-	47,710,667
Home Care, Palliative, and Geriatric Care	28,271,599	1,308,733	3,089,414	1,027,256	1,531,968	218,017	35,446,957
Provincial Laboratory and Diagnostic Imaging	22,191,479	13,914,732	732,749	137,708	1,782,534	27,794	38,766,996
Provincial Hospital Pharmacies	8,056,226	472,805	191,328	46,498	213,507	8,251	8,988,614
Corporate and Support Services	12,896,276	2,246,120	1,907,927	2,706,845	1,385,953	-	21,213,121
Financial Services	7,691,417	620,813	2,277,592	50,962	17,866	346,378	10,917,728
Medical Programs - In Province	139,866,418	230,285	5,458,583	43,783	8,971,237	-	154,570,306
Medical Programs - Out of Province	-	-	-	-	47,034,413	-	47,034,413
Primary Care and Chronic Disease	28,091,428	1,322,686	2,216,481	457,862	1,203,154	144,625	33,346,096
	<u>559,076,058</u>	<u>80,594,485</u>	<u>106,177,353</u>	<u>10,131,182</u>	<u>82,689,275</u>	<u>5,746,571</u>	<u>851,203,524</u>

*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 include operating grants to non-government organizations, public drug program subsidies, and grants established under union collective agreements.



Health PEI

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The background features a series of overlapping, flowing, and semi-transparent waves in shades of light blue, green, and yellow, creating a sense of movement and depth. The waves originate from the bottom left and curve upwards and to the right, filling the lower half of the page. The upper half of the page is a plain, bright white background.

Health PEI