



Health PEI

ANNUAL
REPORT
2023-2024



Health PEI

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HEALTH PEI 2023-2024 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 2023-2024 Health PEI Annual Report. This report provides an overview of our accomplishments, challenges and performance results as they are linked to our strategic goals and priorities. Included in the report are Health PEI's financial overview and the audited financial statements for the year ending March 31, 2024.

In collaboration with the Department of Health and Wellness (DHW) and our partners, we have made key investments over the last year to support the recruitment and retention of health care workers, support care in our local communities for Islanders and brought forward innovations in how we provide care.

Reflecting on our past year's successes and challenges, we continue to work together to improve patient experience, increase effectiveness and efficiency of care provided, improve our team's well-being and safety to support health equity in our province and improve the health outcomes of Islanders.

Our Health PEI team of front-line providers and staff have continued to demonstrate professionalism and a commitment to excellence in care delivery across the province. Through their work and dedication, we have been able to move forward in a constantly changing health care environment.

It is our privilege to thank Health PEI's front-line providers and staff, volunteers and partners who provide care to our Island community while demonstrating caring, integrity and excellence.

Respectfully Submitted,

Diane Griffin,
Board Chair



Melanie Fraser,
Chief Executive Officer



INTRODUCTION

Health PEI Annual Report 2023-2024

The 2023-2024 Annual Report outlines Health PEI's accomplishments and challenges from April 1, 2023 to March 31, 2024, 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

- **Peopleⁱ**
 - Employees – 4,966 permanent budgeted full-time equivalents (FTE) as of March 31, 2024
 - Medical Staff – 263 as of March 31, 2024
- **Population Served⁷**
 - 173,787 residents
 - Median age of 41.9 years
 - 20.7% of population is 65 years and older
- **Places**
 - Facilities and services across the province including hospitals, community health sites, mental health and addictions (MHA) sites, and public long-term care (LTC) homes
- **Resources**
 - 2023-2024 Expenditure Budget – \$957,691,100

Department of Health and Wellness

The DHW 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.

ⁱRefer to Health PEI by the Numbers on page 37 for additional details

PROFILE

TABATHA GALLANT

Therapeutic Dementia Worker

“They are still people. It’s not their fault that dementia is affecting them, and their humanity is intermixed in all that confusion. To make a connection in the humanity of the person goes a long way,” said Tabatha Gallant.

Tabatha is a therapeutic dementia worker at Summerset Manor in Summerside.

Ten years ago, she began her career in LTC recreation with Health PEI. With a degree in gerontology, she’s worked as a dementia worker for the past seven years. Tabatha’s role as a holistic dementia specialist is possibly the only one in Canada.

“I always say, I’m like Tigger, bouncy and fun, and I’m the only one!”

Tabatha’s work began as an eight-month special project to explore specialized enhanced care and one-on-one interventions to help residents with dementia. Now, the position is a full-time role.

“I try to integrate things into a lifestyle flow, like working on an art-show piece or something as simple as folding facecloths,” she said. “This leads to staff interacting with residents similarly. They see how these things work and the difference in the resident after that activity. This also creates a reduction in the need for medication and provides additional quality for everyone.”

While Tabatha sees the difference it makes in the residents’ lives every day. She recalls how a comfort cat, an animatronic therapy cat, made a world of difference in one resident’s life.



“She would get quite agitated at a particular time of day, and we tried everything to distract her,” Tabatha said. “Nothing worked, until one day she got her hands on one of the comfort cats. Her whole life changed. She had meaning, purpose, and direction again. She had a ‘baby’ to care for! It allowed her quality at the end of her life.”

Tabatha said her job as a therapeutic dementia worker is a great fit for her personality.

“I enjoy the challenge and the detective aspect,” she said. “No one says anything concisely and coherently, but I know when something is wrong. I am then able to share helpful information with the team, which leads to improved staff experience.”

“If they know what the resident needs and what the issue might be, they will feel less overwhelmed and be able to provide the right care.”

Tabatha Gallant

STRATEGIC GOAL • 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
- Appropriate Care
- Safe Care

Priority Areas to Achieve Strategic Goals: Implementation of the multi-year Human Resources (HR) People Strategy

- Organizational Culture and Engagement
- Equity, Diversity and Inclusion
- HR Governance
- Occupational Health, Safety & Wellness
- Talent Management
- Classification and Compensation
- Talent Acquisition
- Workforce Planning and Modernization
- Employee and Labour Relations
- Communication and Recognition

HIGHLIGHTS

The HR People Strategy outlines key pillars that are used to establish a healthy, safe and high-performing workplace that supports and develops our people. The work of the HR portfolio is aligned with these pillars.

Organizational Culture and Engagement:

Employee Engagement:

- Conducted action planning work across the health system through employee engagement action planning committees to address feedback from the Health PEI 2022 Employee Engagement Survey.
- Launched the 2023 Pulse Survey to all Health PEI staff to gather feedback on employee engagement at Health PEI.

Organizational Culture:

- Successfully launched the Just Culture Program to improve psychological safety and positively impact culture at Health PEI.
- Provided Health PEI leaders with additional resources and support around change management, developing employees and leading people and teams through Harvard ManageMentor access.

STRATEGIC GOAL • PEOPLE

HR Governance:

Service Excellence:

- Launch of the Ask HR Help Desk.

Occupational Health, Safety and Wellness:

- Development of an internal Critical Incident Stress Management (CISM) Network.
- Launch of Weekly Safety Talk Program.
- Continued establishment of the Health PEI Employee Wellness team.
- Launch of MindBeacon iCBT for all Health PEI staff.

Employee Health Nursing:

- Launch and implementation of a full provincial Employee Health Nursing portfolio to support communicable disease prevention and surveillance, needlestick and sharps exposure and staff immunizations.

Employee Abilities and Return to Work:

- Launch of the Return to Work Policy and Program.
- Standardized Return to Work Forms.

Musculoskeletal Injury Prevention (MSIP):

- Update and enhancement of the *Health PEI Bariatric Care Policy* and Program.
- Established the Recover at Work Ergonomic Equipment Pool.
- Collaboration with Employee Abilities Consultants and MSIP Consultants regarding ergonomic assessments and employee accommodations.

Safety:

- Supporting new build and renovation projects mitigating safety and violence hazards.

Security and Violence Prevention:

- Launch of the *Health PEI Violence Prevention Policy* and Program
- Implementation of new/additional security services (Community Hospitals & Enhanced Security positions).
- Environmental Risk Assessment completion across various sites and departments.

Respiratory Protection Program:

- Launch of the *Health PEI Respiratory Protection Policy* and Program.

STRATEGIC GOAL • PEOPLE

Talent Management:

Talent Management Team:

- Establishment of an in-house Health PEI Talent Management team to support the recruitment needs of the organization.
- Expanded Health PEI's presence on LinkedIn and Indeed recruitment portals.

Bachelor of Nursing (BN) Nursing Employment Program:

- Expanded the Nursing Summer Employment Program to operate year-round which resulted in 39 BN3 nursing students remaining in the system.
- Provided the opportunity for students to gain much needed employment experience and further enhanced Health PEI's ability to engage students and develop recruitment opportunities.

International Educated Nurse (IEN) Recruitment Program:

- Health PEI in collaboration with government partners developed and executed an IEN Recruitment Program.
 - A total of 114 registered nurse (RN) job offers accepted by IENs, who are in the process of immigrating to PEI.

Recruitment Incentives:

- Health PEI, in collaboration with the Recruitment & Retention Secretariat, developed and launched recruitment incentives designed to attract and retain health care professionals.

Workforce Planning and Modernization:

- Participated in Request for Proposals (RFPs) and vendor selection processes led by the provincial government for Learning Management System software and for an Applicant Tracking System.
- Improved HR data and metrics reporting, analysis, and support to operational leaders in order to aid with evidence-based decision making.

Employee and Labour Relations:

- Strengthened Standard Operating Procedures (SOPs) to improve consistency and efficiency.
- Updated interpretation bulletins to provide clearer guidance on collective agreement provisions.
- Revised policies to meet Accreditation standards and reflect changes in legislation.
- Successful negotiation with the PEI Nurses' Union (PEINU) and International Union of Operating Engineers (IUOE) which was supported by education to support the implementation of Collective Agreements and associated Memorandum of Agreements (MOAs).

STRATEGIC GOAL • PEOPLE

Communication and Recognition:

- Played an active role in the evolution of the Employee Value Proposition.
- Reinstated Leadership Forums to connect leaders to strategic work of the organization.
- Established a newsletter communication strategy that included supporting divisional newsletters and one new organization-wide newsletter to share information, success and recognition for staff.
- Established staff profile and storytelling strategy, sharing more information through social media recognizing staff efforts in public.

Mental Health and Addictions:

- Released the *MHA Gender Diversity, Equity, and Inclusion Policy* in May 2023. This policy is an important way for MHA to recognize and support diversity as one of Health PEI's Strategic Plan Values, and Equity, Diversity and Inclusion as a core component of Health PEI's People Strategy.
- Health PEI MHA is part of an Atlantic Canada working group developing the framework required to introduce registered psychiatric nurses to the workforce in 2024-25. This designation currently exists in Western Canada and will expand opportunities to recruit nursing team members with a specialty focus on psychosocial, mental or emotional health across all stages of life.

Medical Affairs:

- Approval of the five-year Physician Services Agreement between Health PEI, the DHW and the Medical Society of PEI. This agreement represents a significant investment in physician services and officially establishes family medicine as a specialty. These innovative changes will support the recruitment and retention of physicians.
- The Medical Staff Bylaws were recommended for approval by medical staff in June 2023. The Bylaws provide an administrative structure of governance for Health PEI medical staff, govern procedures for appointments and privileging and support for medical staff input into Health PEI policies, plans and budget decisions.

STRATEGIC GOAL • PEOPLE

Nursing and Professional Practice:

- Created and implemented the director for professional practice. This leadership role will begin working in the spring of 2024. This role will be working to support increased standardization of clinical education and supporting evidence-based practice improvements in operational areas.
- Worked to expand the scope of practice for licensed practical nurses (LPNs) at Health PEI continued with our Provincial Renal Program further maximizing their scope of employment for LPNs.
- Continue to work across divisions and departments to standardize provincially, Health PEI nursing and multi-disciplinary policies, medical directives, protocols and practice standards.
- A standardized orientation for resident care/patient care workers was developed in collaboration with stakeholders.
- In preparation for the arrival of an increased number of IENs, updated and delivered cultural awareness education/mentorship education for staff working with these nurses new to the Canadian system and PEI.
- Health PEI's Occupational Therapist and Physiotherapist Advisory Committee members prepared and delivered a presentation to the Health PEI Leaders Community about their professional roles, scope of practice and potential future opportunities within our system and communities.

Critical Care Registered Nursing Education Program:

- Launched a new Critical Care Nursing Education Program for RNs working in the Intensive Care Units at Health PEI to expand access to their knowledge and skill development. The number of RNs who graduated from this new Essentials in Critical Care Orientation (ECCO) Program April 1, 2023 - March 31, 2024, are as follows:
 - o 13-week full-time program = 11 graduates,
 - o 5-month part-time program = 3 graduates,
 - o 10-month part-time program = 20 graduates (Operated October 2023 to end of August 2024).

Emergency Registered Nursing Education Program:

- The Emergency Nursing Education Program for RNs working in emergency departments continued as an accelerated program with RNs participating from the Queen Elizabeth Hospital (QEH), Prince County Hospital (PCH) and Kings County Memorial Hospital. This year there were 10 RNs who graduated from the Emergency Nursing Education Program. Five (5) completing the fall program and five (5) in the winter program.

Transition to Practice – Nursing Mentorship Program:

- The Nursing Mentorship Program is available to newly practicing RNs and LPNs throughout their first year of nursing at Health PEI. This year, the number of mentor/mentees nurses for this time period included 12 Mentors supporting 19 Mentees (2 LPNs and 17 RNs).
- Collaboration is ongoing with Holland College programs locally to increase the awareness of this program with newly graduating LPNs.

STRATEGIC GOAL • PEOPLE

Nurse Practitioners (NPs):

- Establishment of Provincial Nurse Practitioner Council: Comprised of 12 NPs representing all Health PEI practice areas. The purpose of the Provincial Nurse Practitioner Council is to engage NPs in matters impacting their practice, facilitate operational stability, clinician wellness and maintain high quality patient outcomes for our population.
- Establishment of Nurse Practitioner Communities of Practice: Provides a venue to support the interprofessional connectedness among NPs in the system, facilitate the sharing of ideas, knowledge and experience related to the pillars of advanced practice nursing, facilitate NP engagement within their areas of practice and with the Nurse Practitioner Council, and provide a venue for mentorship, education and professional development among NPs.
- Development of a Nurse Practitioner Acute Care Admit, Treat & Discharge Authorization Policy: This policy was developed in response to February 2023 changes to the Hospital Management Regulations which allows for “a nurse practitioner authorized by Health PEI to admit, treat and discharge patients at a hospital.” As of March 2024, stakeholder engagement and policy revision were underway.
- New NP Role Development, Implementation and Integration: This includes introducing and utilizing the evidence-based PEPPA (Participatory, Evidence-Informed, Patient-Centered Process for Advanced Practice Nurse Role) framework to support and guide operational leaders in the planning, development and implementation of new NP roles within Health PEI.
- Supported Nurse Practitioner Transition to Practice Program, including both:
 - Orientation: Update and redevelopment of orientation checklist to broaden scope and applicability.
 - Mentorship: Adaptation and implementation of a one year supported mentorship program. Begins following orientation period, connecting an experienced NP with a new NP with a focus of professional development and growth.
- Recruitment of NPs Locally and Nationally
 - Participation in recruitment missions to Toronto and Calgary with the recruitment and retention secretariat.
 - Co-hosting of the first Island Nurse Practitioner Recruitment Event held in November 2023 for NPs graduating in 2023/2024.
- Nurse Practitioner Professional Developments
 - Planning and development of a monthly townhall education series for NPs, supported by operational leads, University of Prince Edward Island (UPEI), and Health PEI NPs. This series is expected to start in fall 2024.

PROFILE

MICHELLE BARTON

Cancer Patient Navigator



"There's a real problem-solving element to this job, and I love that," said Michelle Barton, the cancer patient navigator for Health PEI.

The health care system can be complex. It's often difficult for patients to find their way to the care or resources they need. As the cancer patient navigator, Michelle works with patients, their families, and their caregivers to overcome the barriers to cancer screening and diagnosis, cancer care, and resources needed before, during and after cancer treatment.

"Working with patients and their families is my favourite part of the job. There are a lot of reasons why someone might reach out to me for help. Maybe they don't have a primary care provider. Maybe there are some health literacy issues, or they're a newcomer who is unfamiliar with the PEI health care system."

– **Michelle Barton, cancer patient navigator**

Michelle makes calls on behalf of patients for numerous reasons, including helping support transitions in care, improving communication during out-of-province (OOP) medical care, and connecting people to the most appropriate health care service to meet their need.

"A lot of this job is also knowledge translation," explained Michelle. "When a patient receives a diagnosis, it can be very stressful. It's not the fault of the health care provider, but sometimes the patient doesn't take everything in. I can help find that information, so patients and their caregivers can understand the situation better."

Working with patients and their families and caregivers, Michelle often finds areas where the system can improve.

"I'm in a unique position to see where there is a gap or barrier to care," she said. "Helping people get past those barriers is really rewarding. But I also get to work with the system to advocate for changes to remove some of the barriers we might not see."

As the cancer patient navigator, Michelle often works with the growing group of [patient navigators](#) within Health PEI.

"We're building a community of practice, learning together and growing together," she said. "We meet monthly to share resources and discuss trends we're seeing across the system. There's a real opportunity to collaborate and keep one another informed about the frequently changing services and resources that are outside of our specific area of focus."

Learn more about Health PEI's Cancer Patient Navigation Program, including how to contact Michelle, at the program website.

www.princeedwardisland.ca/en/information/health-pei/patient-navigators

STRATEGIC GOAL • 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 to Achieve Strategic Goals

- Embed understanding and prioritization of quality and impacts on patient care throughout the organization.
- Prepare, host and participate in Accreditation Canada on-site surveyor visit.
- Create a person-centered environment that fosters respect and safety to improve patient experiences and outcomes.

HIGHLIGHTS

Accreditation:

- Continued to complete follow-up from Health PEI's 2022 Accreditation survey.
 - Conducted follow-up as part of maintaining accreditation status – additional evidence submitted to Accreditation Canada in July 2023 and January 2024. Evidence was accepted by Accreditation Canada with no further submissions required.
 - Continued with work plan and action plan development from survey results.
- In collaboration with emergency management and business continuity consultant, conducted organizational self-assessment on newly released *Accreditation Canada Emergency and Disaster Management Standards* (June 2023). Survey results were reviewed with the Health PEI Emergency Management Steering Committee and a work plan was developed.
- Continued to work with the Leadership Quality Improvement Team (QIT) and Health PEI Board of Directors to review Leadership and Governance Standards and work plan development.
- Worked with Accreditation Canada on their evolving survey model/process and their new information and evidence portals.

STRATEGIC GOAL • QUALITY AND SAFETY

Quality Improvement:

- Continued to review Health PEI's QIT structure to promote and support program-based quality improvement initiatives and identify opportunities for ongoing collaboration and communication.
- Hosted the Health Quality and Patient Safety Learning Exchange in October 2023. The Learning Exchange is a half-day event which brings together staff, leadership, Board members and community partners to network and learn about quality improvement and patient safety initiatives within Health PEI. Over 100 people were in attendance. Rapid Fire Presentations included:
 - Home Care – MAP (Medication Assistance Program)
 - Provincial Pharmacy – Medication Reconciliation
 - Patient Experience – Patient Navigation
 - Primary Care – Quality Improvement in Primary Care Patient Medical Homes (PMH)
 - Pediatrics - "Our Comfort Promise" Reducing Pediatric Procedural Pain
 - Mental Health and Addictions - Overview of the Mental Health Intensive Day Program
 - LTC - Managing Polypharmacy in LTC

Risk Management and Patient Safety:

- Quality and Patient Safety (QPS) staff continued to provide in-person and virtual education to all health care leaders (summer and fall 2023). Education focused on retraining/informing leaders of the updated *Health PEI Patient Safety and Environmental Incident Reporting and Management Policy*, with a focus on their roles and responsibilities in incident management. Eighty leaders (managers, supervisors, and directors) attended the training sessions.
- Quality and Patient Safety staff continued to meet regularly with unit/department managers to coach/support incident management, patient safety incident disclosure and promote a Just Culture.
- Developed and distributed three Safer Practice Notices titled - *Safe Use of Bathing Equipment; Unintentional Discontinuation of Medication Orders; Biosimilar Insulin*. Safer Practice Notices are issued by the Health PEI QPS division to communicate recommended changes as a result of events that have been reported and investigated through the Provincial Safety Management System (PSMS) – Health PEI's incident reporting system.
- Continued to provide risk and patient safety lens on various program's policy reviews/development, active complex patient cases and organizational system issues.
- Continued to manage numerous patient safety incidents, human rights claims, statement of claims, investigations and requests by the Child and Youth Advocate and Ombudsperson Office.
- Developed and launched a staff education module on managing disclosure of patient safety incidents.
- Continued to evaluate and complete changes to Health PEI's PSMS software to improve alignment with organizational structure, programs and improve end-user experience.

STRATEGIC GOAL • QUALITY AND SAFETY

Just Culture:

- Partnered with HR to launch Just Culture training and education for all Health PEI staff.

Ethics:

Health PEI Clinical and Organizational Ethics Committee:

- Hosted a virtual education session during National Ethics Week (November 2023) entitled “Dignity of Living at Risk”. The session was facilitated by a bioethicist from the Nova Scotia Health Ethics Network and over 190 participants were in attendance. The session was recorded and made available to staff for future viewing.
- Hosted 11 education sessions on the Health PEI Ethical Decision-Making Framework and tabletop exercises with over 100 participants.
- The committee received and supported 11 ethics consults.

PEI Research Ethics Board (REB):

- The PEI REB reviews all human health research within Health PEI’s jurisdiction. In 2023-2024 there were 78 active files including seven (7) clinical trials and 71 minimal risk submissions.
- Continues to work toward full implementation of research ethics software.
- PEI REB is a member of the Atlantic Clinical Trials Network (ACTN) and is participating in the ACTN REB. This provides the opportunity to collaborate with other institutions in the region to develop policies and procedures that will support high-quality human health research.
- The REB looks forward to close collaboration with the new UPEI Medical School.

Infection Prevention and Control (IPAC):

- Continues to provide infection prevention control surveillance, outbreak management, guidance and education on disease transmission, point of care risk assessments, protocols and use of appropriate personal protective equipment for all Health PEI programs, services and facilities.
- Continues to collaborate with communications on public notifications regarding outbreaks.
- Continues to collaborate with the employee health and wellness team and patient flow team during outbreaks to ensure patients and staff are safe.
- Continues to use an enhanced annual standardized approach to hand hygiene education by utilizing the e-learning module through Discovery Campus.
- Continues to standardize IPAC educational materials i.e., cleaning/disinfecting of shared equipment in LTC, signage and fact sheets.
- Continues to collaborate with other Health PEI departments to evaluate current practices to ensure best practices are utilized to decrease infection rates.
- Implemented new IPAC QIT structure, set up community IPAC QIT and LTC IPAC QIT, including a LTC Environmental Services Subcommittee to support standardization of practices and protocols.
- Continues to collaborate with the division of Facility and Capital Planning to provide IPAC support during the planning and construction/renovation phases of projects being led by this division.

STRATEGIC GOAL • QUALITY AND SAFETY

Patient Experience:

Provincial Navigation:

Mi'kmaq Health System Navigators:

- In March 2023, Health PEI entered into a funding agreement with our Island's First Nation community health centres (CHC) to support Mi'kmaq Health System's Navigation Program. This provincial funding, combined with other funding to the communities, supported the implementation of two Health System's navigator positions. These navigators have been working with clients to support them in receiving health care services. They have also been working closely with the Health PEI Patient Experience Office and have joined the Health PEI Navigators – Community of Practice Group. This collaboration and partnership with Health PEI will serve to improve access to our services and improve our care to be more culturally aware and safe for all.

Community Presentations:

- Multiple health system navigation presentations have been provided to the public to support people's increased understanding about the various services offered by Health PEI. The presentations focused on how to access programs and services, discussing tips and tricks for navigating the health system and information on accessing and sharing helpful resources. Some of the presentations were general information sessions while others were provided for specific patient groups accessing the health care system (e.g. patients in the Cardiopulmonary Rehabilitation Program).

Health PEI Patient and Family Partner Program Initiatives:

Orientation of Patient and Family Partners:

- Hosted annual Patient and Family Partner orientation session. This session is now co-developed and co-led by patient and family partners and our patient experience manager, with contributions of other Health PEI staff.

Development of a work plan for Patient and Family Partners:

- A working group consisting of patient and family partners, patient experience manager, patient navigator and Health PEI Policy, Planning and Evaluation staff completed an evaluation of the current Patient and Family Partner Program. This group worked to identify areas for improvement and successful aspects of our program and to set goals for the future that are important to patient and family partners. An action plan is being developed as part of a work plan for the upcoming year to achieve these goals. Five areas of focus have been identified for the upcoming year.
 - Recruitment
 - Orientation
 - Support during committee work
 - Communication and retention
 - Resources for staff

STRATEGIC GOAL • QUALITY AND SAFETY

Patient Relations Program:

- A report was completed to recommend how to support the establishment of a Patient Relations Program at Health PEI in the spring of 2023. The goal of the program is to ensure that our patients, family and public can provide patient experience feedback in a variety of ways and that Health PEI staff, at all levels, are able to respond to this feedback in a consistent and timely manner in keeping with our updated *Health PEI Patient and/or Family Experience Feedback Policy*. In preparation for this program, the webform and link on how to send Health PEI feedback has been updated as well as a revision to our *Health PEI Patient Rights and Responsibilities Policy*.
- Patient Experience staff resources and presentations
 - In 2023, several information and educational presentations were provided to staff and our Health PEI leaders about Patient and Family Centered Care, Patient Experience, and the role of patient and family partners. Material was developed to be placed on the Health PEI Staff Resource Centre (SRC).

Mental Health and Addictions:

- To better support Islanders seeking treatment for opioid use, and to align with best practice, MHA is now providing access to Sublocade as a first-line treatment in all Opioid Agonist Treatment clinics.
- Recognizing that the opioid crisis impacts all of us, MHA released the *MHA Naloxone Administration by Non-Nursing Staff Policy* in June 2023. This policy ensures that all staff can effectively respond in the case of a suspected opioid overdose, providing the timely intervention needed to prevent death and mitigate lasting adverse health impacts.
- Continue to update our facilities to provide safe spaces for clients, patients and staff. Key accomplishments in 2023-24 include a new roof on the Provincial Addictions Treatment Facility, renovations to Brackley Stables and Talbot House and installation of a new generator to ensure service continuity at Hillsborough Hospital.
- The MHA Redevelopment Plan provides a framework for evidence-based, client-centered care in modern and welcoming facilities. Key accomplishments in 2023-24 include:
 - Completion of design and issuing of tender for construction of the new MHA Campus, including the acute care inpatient facility that will replace the Hillsborough Hospital and house inpatient withdrawal management, and the new Addictions and Mental Health Wellness and Transitions Centre that will house the Addictions Transition Program and Intensive Day Program as well as a new Mental Wellness Transition Program.
 - Initiation of the design process for the new Child and Youth Psychiatric Unit, to be located in renovated space at the QEH.
 - Opening of the Alberton CHC in October 2023.
 - Ongoing construction of the Mount CHC in Charlottetown, to open in 2024-25, and the Summerside CHC, anticipated to open in 2025-26.
 - Completion of design for the new MHA Campus CHC, with construction anticipated to begin in 2024-25.

STRATEGIC GOAL • QUALITY AND SAFETY

Official Language Recognition Program:

- Home care leadership and staff have integrated the Health Standards Organization's (HSO) language standards into the home care standards to better serve the Francophone and Acadian communities, aiming to provide equitable care and improve health outcomes to these communities.
- To ensure sustainability of the French Language Services in home care, Health PEI joined Accreditation Canada's Official Language Recognition Program (OLRP) which supports and awards organizations that are committed to improving access to health and social services in official languages. Home care services have completed the OLRP self-assessment (OLRP Competency Level 1) as a part of early work for this program.

PROFILE

PATIENT MEDICAL HOMES



“There is something fantastic going on in Hunter River,” said Dr. Kaylee Murphy, a family physician at the Central Queens Health Centre.

In July 2023, the centre transitioned to a PMH – a place where family doctors, nurses, and other health professionals like physiotherapists and registered dietitians provide coordinated care to patients under one roof.

For example, if a patient needs to see a physiotherapist, staff might book that directly without requiring that they see their family doctor for a referral first. If that same patient needed an x-ray, a physiotherapist could collaborate with the physician to get the patient what they need.

“It removes a lot of barriers and extra steps, so patients get the care they need when they need it,” said Dr. Murphy.

The PMH model also reduces the time doctors and other health care professionals spend on administrative tasks, freeing them up to spend more time delivering care to patients.

“There’s a lot of emphasis on workflow and making sure everybody’s doing what they need to do so providers are happy and able to provide the care they need to without burning out.”

The team-based model works well for Dr. Murphy who joined Health PEI in March 2020 at the start of the COVID-19 pandemic.

Even then, she said she felt immediately supported.

“I was coming into a new large practice of patients I had never met, dealing with complex disease, sometimes working virtually to minimize the risks of COVID,” said Dr. Murphy. “But I had nursing

staff assigned to work with me. I had an LPN and a medical office assistant who knew the patients and could act as a conduit. It was really helpful. It just felt like we weren’t alone.”

With a mutual love of hard science and interacting with people, becoming a physician was a natural fit for Dr. Murphy. She chose family medicine for its broad scope, complexity, and most of all, ability to see the same patients over many years.

“I value that long-term relationship with patients,” said Dr. Murphy, “That’s the best part.”

A champion of the electronic medical record (EMR) with the PEI Medical Society, Dr. Murphy also enjoyed meeting other physicians around the province to share how the system works for her in Hunter River.

“Even though this one took a little bit of figuring it out, I took to it quickly, and very quickly,” she said. “For me, it increased my efficiency and my access for patients.”

Connecting with colleagues and patients, and working with a team, Dr. Murphy, now in her sixth year of practice and the mother of an 18-month-old daughter, has found a full and satisfying life on PEI.

“I’m very happy here,” she said. “I feel like I’ve hit my stride.”

STRATEGIC GOAL • 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 to Achieve Strategic Goals

Primary Care

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

Mental Health and Addictions

- 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 Hillsborough Hospital 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.

STRATEGIC GOAL • ACCESS AND COORDINATION

HIGHLIGHTS

Primary Care:

- Patient Medical Homes:
 - o An additional seven PMHs were launched, bringing the provincial total to 17 PMHs. These new PMHs are located in:
 - Sea Isle Medical Centre and Wilmot Family Health Centre, Summerside
 - Central Queens Health Care Team, Hunter River
 - Montague Health Center, Montague
 - Parkdale 2 (Linden Ave PMH), Charlottetown
 - Parkdale 6 (Greater Charlottetown PMH), Charlottetown
 - Boardwalk PMH, Charlottetown
 - Chances Family Resource, Charlottetown
 - o Many of the primary care providers (family physicians and NPs) who joined PMHs had existing patients and practices. Those providers with capacity continue to add new patients to the PMH.
 - o New interprofessional team members are being added to the PMHs which is improving timely access to care for patients.
 - o Joining a PMH remains a voluntary approach and primary care providers continue to reach out and express an interest with creating or joining a PMH.
 - o Patient Medical Homes teams work with Practice Facilitators on teamwork, sharing the workload, improving access, measuring quality care and looking at efficient ways to do preventative care.
 - o The teams are working on recruitment to bring new providers into PMHs that do not have existing practices therefore giving increased ability to bring on patients who don't have an assigned primary care provider.
- Unaffiliated Virtual Care (UVC):
 - o Islanders without a primary care provider can access the UVC Program (Maple platform) free of charge.
 - o In October 2023, permanent staff were hired to support the UVC Program including a manager of the UVC Program, clinical lead and two coordinator positions.
 - o As of March 2024, 22,131 patients were registered for the UVC Program resulting in 43,461 consultations since the program started October 2020. There were 23,782 consultations completed April 1, 2023 to March 31, 2024.
 - o If an unaffiliated patient seen through the UVC Program requires an in-person appointment, they are connected to one of three primary care access clinics (PCACs). Charlottetown and Summerside PCACs were established in September 2022 and in February 2024 Montague PCAC was established.
 - o There were 12,034 appointments completed April 1, 2023 to March 31, 2024, through the PCACs.

STRATEGIC GOAL • ACCESS AND COORDINATION

Mental Health and Addictions:

- The Alberton CHC opened in October 2023. The new CHC provides a bright, welcoming space shared by Community MHA, primary care, and public health. The custom-built space, with private offices and group rooms, supports collaborative multidisciplinary care.
- Mental Health and Addictions implemented Open Access across Community MHA clinics to provide Islanders with the ability to access collaborative, strength-based care when they need it – without the need for an appointment or referral.
- Health PEI is working with partners in Justice to support the operation of the new Domestic Violence Court, coordinating access to substance use and mental health services that align with participant needs and reduce the risk of re-offending.
- The new MHA emergency department opened in February 2023 – the first of its kind in Atlantic Canada. The new unit, next to the QEH emergency department, provides streamlined access to a multidisciplinary team of trained staff in a safe and welcoming environment. The adjacent MHA Short Stay Unit, for stays of up to 72 hours, is anticipated to open in 2024-25.

Seniors:

Long-term Care

- Successfully negotiated contracts with private LTC operators.
- Successfully negotiated contract with PointClickCare to implement an EMR in both public and private homes. This work will support improving efficiency, communications and delivery of services to LTC residents across PEI. Health PEI has identified the need to equip LTC staff with a standardized approach for assessing resident needs and a technology solution to manage these assessments and to track the delivery of care that is organized and efficient. Having this technology will support the following:
 - Improved quality of care for residents.
 - Reduced administrative burden for LTC.
 - Enhanced system planning and benchmarking capabilities.
 - Improved collaboration and scalability.
- Created two new directors of support services (one for LTC East, one for LTC West).
- Developed a *Wildly Important Goals (WIGs) Strategy* for leadership and staff (reduce overall vacancies by 15%, implement a dementia care training strategy, implement an EMR).
- Re-started the Inter-Generational Program at Beach Grove Home, which includes children regularly visiting and spending time with residents. The intergenerational visits are a unique relationship between the Early Childhood Centre located within the Beach Grove Home facility and the LTC home itself. This provides opportunities for children to interact with the residents in an open environment that includes coloring and games. The visits are weekly and last approximately 45 minutes. There are approximately 25 residents participating, and 10-15 students from the pre-k classes.
- Currently working on an implementation plan for a mobile x-ray service, with a planned implementation date in the fall of 2024.

STRATEGIC GOAL • ACCESS AND COORDINATION

- Implemented an NP-Medical Doctor Collaboration model at Beach Grove Home and Prince Edward Home. Effective July 1st, two collaborating physicians will start at Beach Grove Home. The physicians will review cases with the home's NP and provide geriatric consults as needed.
- Successfully integrated IENs working as resident care workers into LTC to support staffing stabilization.

Home Care and Geriatric Care:

- Dementia Specialty Team Program planning. This team will support health care providers who care for older adults with complex cognitive health needs with associated responsive behaviors. They provide education, consultation and community development for health care providers across the health care system including LTC homes, hospitals and community support services.
- Implementation of virtual home care visits through AlayaCare. This program started with French-speaking clients in February 2024 and later expanded to clients in the Caring for Older Adults in the Community and at Home (COACH) Program. To date there are nine clients with 23 visits.
- Implementation of the Medication Assistance Program. This service is provided to home care clients to ensure medication is taken as ordered by prescribers. Included in the service are verbal reminders and direct hands-on assistance.
- Implementation of the Self-Managed Care Program in February 2023 to support home care clients in receiving funding in order to secure independent support at home for personal care and respite services.
- Relaunched the Remote Client Monitoring Program in February 2024 to provide client education, monitoring, improved self-management skills and confidence with support for health issues as they arise.
- Collaborated with the DHW and the Department of Social Programs and Seniors to launch the At Home Caregiver Benefit. The aim of this program is to recognize the role of caregivers by providing financial support for caregivers of those living with ongoing care needs.
- To support the implementation of French Language Services in Home-based Care a learning module was developed, tailored to the PEI Francophone and Acadian population: "Active Offer of French Language Services" for staff. This online learning module explained the importance of offering services in French. In summary, the Active Offer of French Language Services is the regular and permanent offer of services to the Francophone population. In 2023-2024, 93 staff members completed the online training with 87.7% of users recommending the training to others. Since implementation of active offer and the hiring of a bilingual care coordinator:
 - o The number of clients who are registered in the Health PEI database as French for their language preference has increased from 0 to 41.
 - o The number of intakes that have been completed in French (live or with interpretation support) is 13.
 - o The number of InterRAI Home Care assessments conducted in French has increased from 0 to 21.
 - o 34 client facing documents were translated from English to French.

STRATEGIC GOAL • ACCESS AND COORDINATION

- Palliative care and home care collaboration with Pallium Canada and Island First Nations(s) on Indigenous Cultural Safety Module Development. Initial planning will focus on the adaptation of content of each model to reflect the specific histories, experiences and knowledge of the Indigenous peoples of PEI including Indigenous History and Legacy Effects, Cultural Intelligences, Wise Practices, and Indigenous Knowledges, End-of-Life Choices and Reclaiming Indigenous Palliative Care.
- Palliative care and home care participation in a national collaborative with the Canadian Home Care Association through the SPRINT project which supports health care providers refining their skills in home-based palliative care through training programs and tools focusing on emotionally responsive and compassionate approaches to care.

Community Specialty Services:

Provincial Renal Program:

- With the successful physician recruitment to expand program offerings, the implementation of Nephrology Interventional Program took place in May 2023. This program is providing services within the renal clinic and no longer relies on the operating room (OR) and ambulatory care centre to enable patients' access. This program includes completing renal biopsies, peritoneal dialysis catheter insertions and central line insertions within our provincial renal clinic. Patriating these services within the Renal Program has reduced patient wait times for procedures, increased capacity in the OR, ambulatory care and diagnostic imaging, and is providing more timely access to chronic kidney disease care.
- Reorganized the provincial Renal Program's leadership structure to provide better clinical support to front-line staff, improve case management capacity for complex patients and supports opportunities for advancement for staff within the Renal Program.
- Continued progress in program policy development and roll-out including key improvements to the Central Line Dysfunction protocol has saved approximately \$100,000 in 2023.
- Coordinated and provided hemodialysis treatments to out-of-province visitors providing more than 110 requests (Summer, 2023 and Summer, 2024) to support travelers.

Medical Assistance in Dying (MAiD) Program:

- Medical Assistance in Dying and MHA teams have worked together to develop patient toolkits and pathways to be prepared to respond to future patient requests for access to MAiD through Mental Disorders as the Sole Underlying Medical Condition (MDSUMC).
- Created a clinical pathway for individuals requesting MAiD information, program education, assessments and procedures for persons requesting MAiD be delivered in any of Health PEI's facilities.

STRATEGIC GOAL • ACCESS AND COORDINATION

Midwifery:

- Midwifery Clinical Services Lead began work in August of 2023 and with the hire of a full-time registered midwife in December 2023, Clinic Midwifery Services opened to PEI patients in February 2024.
- The first Midwifery led births occurred in May 2024.

Perinatal Health Coordination:

- Committed as a participant to national surveillance and data development, Health PEI actively participates in the Canadian Congenital Anomalies Surveillance Network (CCASN) and has contributed as a co-author to two papers with CCASN.

Orthoptics:

- The Orthoptics Program achieved the 2023 Award of Merit in Leadership Excellence in Quality and Safety Award for the project “Orthoptic Vision Screening as a Triage Tool”.

Specialty Clinics:

Provincial Specialty and Virtual Care (PSVC) Clinic (Visiting Specialists)

- This clinic continues to serve as a central access hub for select OOP specialty services enabling patients virtual and/or in-person access to specialty services including as follows:
 - o Infectious Diseases
 - o Respirology
 - o Hematologic (Bleeding) Disorders
 - o Migraines
 - o Cardiac Outreach Clinics
- PSVC clinic staff also support centralized intake for Obstetrics/Gynecology (OB/GYN) Summerside referrals.

Provincial Pain Clinic

- Established in September 2023 this clinic is home to a small group of part-time anesthetists, clinic nurse and office staff who support specialized services for patients suffering chronic pain. A full-time NP has been hired and is slated to commence work in early 2025.
- The Provincial Pain Steering Committee was formed to lead development of a provincial pain strategy to include expanded model of care in the clinic.

Gastroenterology Clinic

- Collaborative care model for colorectal screening developed with gastroenterologists in support of advancing access to screening with ease for those at average risk of colorectal cancer.

STRATEGIC GOAL • ACCESS AND COORDINATION

Rheumatology Clinic

- The role of a clinic nurse has been established and we are advancing investments in an NP specialty role to support the build of a team-based model of care in this specialty clinic. Increasing clinical support will expand capacity in support of PEI's solo practitioner in rheumatological disorders and enables the specialist to see more new referrals while patients have access to experts in the practice.

Obstetrics/Gynecology

- Health PEI was successful in securing additional physicians bringing the complement of physicians in Charlottetown up to eight full-time OB/GYN specialists. With four in Summerside this brings our specialty service to 12 full-time OB/GYN physicians.
- All OB/GYN providers are now on the Provincial EMR enabling a coordinated approach to intake of referrals and wait times monitoring of community-based services.
- The Charlottetown clinic has reached targeted wait times seeing urgent referrals inside of 2 weeks.

Provincial Cervical Cancer Screening

- Health PEI has stepped up to lead priorities and achieve the targets of the Cancer Action Plan for the Elimination of Cervical Cancer in Canada.
 - In May 2023 Health PEI launched HPV testing as the primary screening method for cervical cancer making PEI a leader in Canada with this change.
 - Validation was initiated by lab services for a self-sample collection method for HPV testing with a plan to launch province-wide in late 2024.

Colorectal Cancer Screening

- Returning completed FIT Kits (i.e. stool samples) done at home became easier by mailing them directly to the lab. This initial 2022-23 project is now a permanent process of the screening program reducing the need for access to transportation to complete the process.
- The at-home screening method moved from a two sample to single sample stool test in the spring of 2024. This test helps detect if there are small amounts of blood in the stool which could mean pre-cancerous or cancerous growths that need to be removed through a colonoscopy procedure.
- Screening program participants with an abnormal screening stool sample result are now supported through phone-based nursing navigation to facilitate access and completion of the recommended colonoscopy procedure. The diagnostic navigation support was made permanent in 2023-24.
- The support from abnormal stool sample result to colonoscopy has improved patient experience, improved colonoscopy preparation and follow-through and reduced wait times to be within the national target of 60 days. Previous reports in 2018 showed PEI clients had the longest wait times in the country.

STRATEGIC GOAL • ACCESS AND COORDINATION

PEI Cancer Action Plan

- Following the March 2023 release of the Action Plan, Health PEI formed a steering committee to guide and oversee the implementation and monitoring of the plan.
- A Stakeholder Engagement Report was published that shares information on what informed the PEI Cancer Action Plan.

Sexual Health Options and Reproductive Services (SHORS)

- In August 2023, the program implemented the Provincial EMR to enhance coordination and access for services between its Summerside and Charlottetown clinics.
- The program is undergoing space planning to enable expansion of the team with new investments in NP, RN focused on mental health and LPN supports.
- Sexually Transmitted and Blood Borne Infections (STBBI) walk-in clinics are now offered and support Health PEI in meeting increased demands for care.
- The program name was changed from the former Women's Wellness Program (WWP) to SHORS to reflect an inclusive approach to care and services provided.

PROFILE VIRTUAL HALLWAY



"I did my training and started my career in Ontario, where I had consistent access to consult with specialists," said Amber Johnston, an NP in Charlottetown. "And while I had access here on PEI for referrals, what I was missing was a less formal way of just getting a bit of guidance on a particular patient. And then I learned about Virtual Hallway."

Virtual Hallway is an online scheduling platform that allows primary care providers (physicians and NPs) to connect with specialists in PEI and Nova Scotia to receive patient-specific advice through an expedited phone consultation. The quick and efficient peer-to-peer consult allows specialist input on a patient's condition and care plan and helps determine the need for an in-person referral.

"Honestly," added Johnston, "it's a game-changer."

Dr. Pat Bergin agrees. He's an internal medicine specialist in Charlottetown.

"Virtual Hallway is just a really useful tool. This gives primary care providers timely and efficient access to specialists like myself, and it is easy. I can spend 10 to 20 minutes on the phone consulting with a nurse practitioner or family doctor, and we can often avoid the months of waiting it might take for one of their patients to get an appointment with me."

Dr. Pat Bergin

In the first 10 months of Virtual Hallway's operation, nearly 87 per cent of virtual consultations avoided the need for an in-person referral. That works out to more than 500 specialist referrals avoided in the first year alone, keeping Island patients off waiting lists.

"When I first signed up for Virtual Hallway, I was excited to see it already had more than 30 different

specialties available for consultation. I see now it's up to 42 specialties. It's just nice to know the expertise I need is always going to be there."

Amber Johnston, Nurse Practitioner

Virtual Hallway now has more than 200 registered users on PEI, including 160 primary care providers and 45 specialists. Nova Scotia adds an extra 95 registered specialists, broadening the pool of expertise even further.

Dr. Bergin typically books between four and six consultations a week through Virtual Hallway.

"I like to schedule them through my lunch, so it doesn't interfere with my office time," he said. "It also happens to be when most primary care providers are available, so it works out great. The platform allows them to upload pertinent test results and documents, so I can take some time before we meet to get acquainted with the case. We can usually get through a consultation in 15 minutes on the phone, and then I make some notes to share back."

"Virtual Hallway saves all of my former consultations, so I can go back and review the notes provided by the specialist," said Johnston. "I have learned so much from these specialists. Sometimes, it's just helpful guidance and assurance I'm on the right track."

Both Johnston and Dr. Bergin recommend Virtual Hallway to their colleagues, and both agree that the virtual platform's name is very appropriate.

"It really does sometimes feel like bumping into a colleague in the hallway," said Johnston. "It's a level of consultation that's still very important but doesn't require sending my patient to a specialist for a full referral. That's what Virtual Hallway provides."

STRATEGIC GOAL • 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 to Achieve Strategic Goals

System Utilization and Efficient Patient Flow

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

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

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

Innovative Technology/Practices

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

STRATEGIC GOAL • INNOVATION AND EFFICIENCY

HIGHLIGHTS

System Utilization and Patient Flow:

- Expansion of Patient Flow Team - Creation of two manager positions, second OOP coordinator, and second provincial bed coordinator.
- Continued provincial Critical Care data reporting to support provincial access to critical care services.
- Collaboration with the Provincial Acute Stroke Unit team to improve patient flow from all facilities to ensure equitable access to stroke services for all Islanders.
- Development of Discharge Barrier Report to identify patients requiring additional assistance with discharge planner to create capacity for new admissions.
- Conducted Eye suite operational efficiency project to increase the output of safe eye procedures for islanders.
- Expansion of the System Utilization team with the hiring of 1 of 3 planned process improvement engineers.
- Implemented simulation software scenario analysis in various projects to further improve and measure operational efficiency.
- Used simulation data scenarios to further enhance our understanding of each problem's root cause and to make robust recommendations for our improvement project teams.
- Analyzed Health PEI workforce using comparison tools to evaluate the health of our staff, worked time, overtime, sick time and vacations, to improve the distribution of staffing through the system to meet the system demands of islanders.
- Initiated a team to develop wait time processes and reporting to better inform Health PEI leadership and the public on the system's surgical wait times for hip, knee, and first cataract surgeries.

Innovative Technology and Practices:

Virtual Hallway:

- Launch of Virtual Hallway an online platform that connects primary care providers with specialists in PEI and Nova Scotia to receive patient specific advice. At the end of 2023-2024, 478 consultations were completed.

Mental Health and Addictions:

- Community MHA began implementation of the Provincial EMR, beginning with the teams located at the Alberton CHC. Full implementation will be complete in summer 2024, providing clinicians with streamlined documentation and enabling timely and reliable reporting.
- PEI introduced the new *Mental Health Act* in February 2023. Mental Health and Addictions' Education and Training team worked with legal counsel to provide both Health PEI and community partners with timely education sessions to ensure that all partners are aware of the significant changes in roles and responsibilities, including the administration of new community treatment orders.

STRATEGIC GOAL • INNOVATION AND EFFICIENCY

- The MHA Structured Program and Mental Health Intensive Day Programs celebrated one year of operations in 2023. Ongoing evaluations of both programs indicate that clients feel that the programs have been impactful. Evaluation feedback is also being used to inform continuous quality improvement, including expanded admission criteria and streamlined admission processes.

Clinical Information System (CIS):

- Redesign of interface between the CIS and the Health Financial System resulted in more efficient information exchange and improved reporting.
- Implementation of interfaces for additional automated dispensing cabinets in acute care facilities, resulting in better ward stock inventory management and patient safety improvements.
- Implemented the CIS within MHAs' Intensive Day and After Care Programs.
- Implemented improvements to scheduling waitlist functionality to improve waitlist management for hospital-based ambulatory clinics.
- Improved nursing documentation experience by implementing Interactive View (iView) in a number of clinical areas.
- Implemented first phase of the CIS integration with Muse cardiac system.
- Lab medical device interface (MDI) integrations including: QEH mass spectrometer, occult blood analyzer and Roche analyzer replacements.
- Further enhancements to the following interfaces were completed:
 - EMR – Clinical documentation along with some lab integration.
 - Registration Kiosks.

Provincial EMR:

- Majority of primary care providers onboarded to the Provincial EMR (also known as the Collaborative Health Record) with many specialists and specialty areas also fully or partially onboarded including OB/GYN, general surgery, geriatrics, orthopedics, plastics and PSVC.
- Mental Health and Addictions sites began onboarding in the fall of 2023.
- The DHW and Health PEI worked with Canada Health Infoway on a national initiative regarding the electronic delivery of prescriptions called PrescribeIT®. 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 the patient's pharmacy of choice. The first pilot was implemented and widespread implementation across EMR users was completed for Phase 1.
- Information sharing and data access recommendations approved by the Information Sharing Working Group and EMR Operations Committee.
- Standardized Referral Process Resource Guides, quick reference guides and additional continuing education provided.
- Development and implementation of Provincial EMR Continued Education model.
- Standardized remote training model to support staff onboarding.

STRATEGIC GOAL • INNOVATION AND EFFICIENCY

- Enabling preventative care functionality within the Provincial EMR to track and manage preventative screening within provider practices.
- Data analytics functionality rolled out at operational level with corresponding educational support plan.
- Completed role-based access controls for prescriptions, injections, medications, and labs.
- Application and approval of Provincial EMR advanced training to the College of Family Physicians as accredited MainPro Continuing Medical Education (CME) to further support growing competency and evolution of advanced EMR skills for PEI providers.
- Development of a Provincial EMR Standards Committee, Super User Community, and Change Request Working Group.

Home Care Solution (HCS):

- Implemented a fully digitized computer system comprised of three main components: interRAI assessments, home care case management and fully electronic client and staff scheduling.
- Development and approval of the HCS Office for operational support.
- Initiation of report development for the solution, specific to Health PEI needs.
- Configuration of the solution for PEI home care, and training of all staff on new workflows and the use of AlayaCare.
- Planning for AlayaCare Enhancements; Virtual Care and Family Portal.
- Created a medication library for home care's use in AlayaCare.

e-Health:

- Developed the Health PEI Elimination of the Hybrid Record Roadmap, approved in June 2023.
- Developed and implemented a communications plan for the Roadmap.
- Hired eHealth project manager to manage the Elimination of the Hybrid Record and Modernizing Healthcare Connectivity Roadmaps.
- Supported the Modernizing Healthcare Connectivity Roadmap development with IT Shared Services.
- Health portal/Client Data Repository (CDR) project planning – developed requirements and started process to procure a portal for citizens to access their health records.
- Started to update and transform the *Health PEI Clinical Information System Downtime Policy* into the *Health PEI Electronic Health Record Downtime Policy*.

STRATEGIC GOAL • INNOVATION AND EFFICIENCY

Virtual Care:

- Transition from project plan to operational plan: Successfully implemented Virtual Care Action Plan (VCAP) initiatives, moving resources from the virtual care project to operational resources, and transitioning the Virtual Care Steering Committee to the Virtual Care Working Group for operational guidance.
- Public Engagement: Executed a comprehensive public engagement strategy, involving community meetings and an island-wide survey, and incorporated the findings into operational resource planning.
- *Health PEI Virtual Care Policy*: Approval of an institution-wide virtual care policy. The policy includes key elements like a definition of virtual care, standards of care, authorized technology, information and consent requirements, considerations of appropriateness and required standard processes.
- Operational Supports:
 - o HCS: Hired a virtual care coordinator to support virtual care within the HCS.
 - o Staff Zoom for Health care resources updated on the SRC site.
 - o Virtual Care instructional video released for the public, providing guidance on preparing for virtual appointments.
- Virtual Care Project Intake: Accepted two rounds of business cases from clinical areas, providing business and financial support for nearly 40 projects, all of which are now transitioning to operations.
- Secure Messaging: Currently in the planning phase to integrate the CHR Connect App, facilitating secure messaging between Islanders and providers through the Provincial EMR.
- Remote Patient Monitoring (RPM): Primary care completed an RFP for a province-wide RPM vendor replacement, including privacy and security assessments.
- Equity of Access: Embedding principles of equitable access in all eHealth initiatives, submitted a case for the Government of PEI Policy Hack proposing a solution tailored for PEI, and completed a Digital Health Literacy Strategy through engaging various stakeholders, sharing the findings with Health PEI leadership.
- Federal Funding:
 - o Canada Health Infoway: Submitted and had agreement deliverables accepted, with the final invoice submitted and approved.
 - o Health Canada: Submitted quarterly reports, including performance measure reporting, to Health Canada. Additionally, these reports were shared with the Canadian Institute for Health Information (CIHI).

FINANCIAL OVERVIEW

Highlights

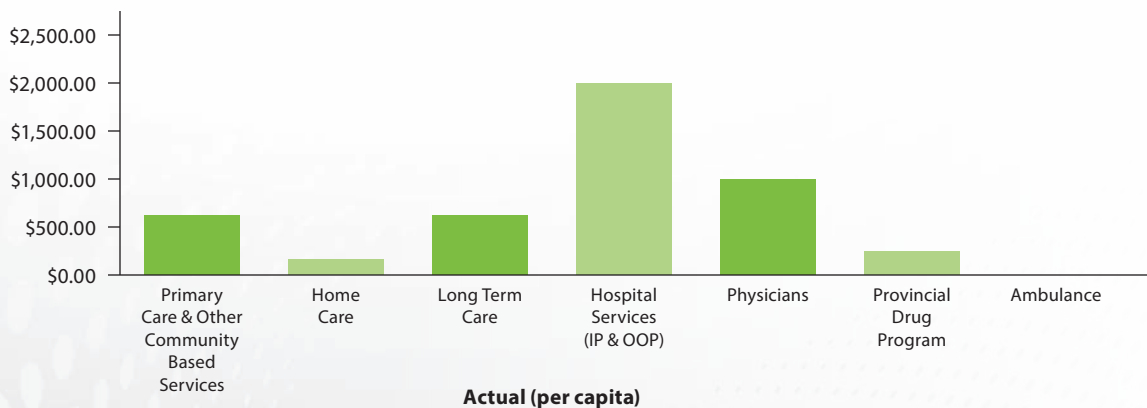
This section of the annual report highlights the organization’s operations for the fiscal year ending March 31, 2024. This financial section should be read in conjunction with Health PEI’s audited financial statements (Appendix C).

ORGANIZATIONAL HIGHLIGHTS FOR THE FISCAL YEAR 2023-24	
OPERATIONS	OPERATING ACTIVITIES
Revenues	\$ 947,358,911
Expenditures	\$ 947,358,911
Subtotal-Operating Surplus (Deficit)	\$ -
CAPITAL	
Revenues	\$ 29,780,071
Amortization	\$ 22,141,262
Accretion	\$194,271
Capital Transfers	\$ -
Subtotal-Capital	\$ 7,444,538
Annual (Deficit) Surplus	\$ 7,444,538

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.

2023-24 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.

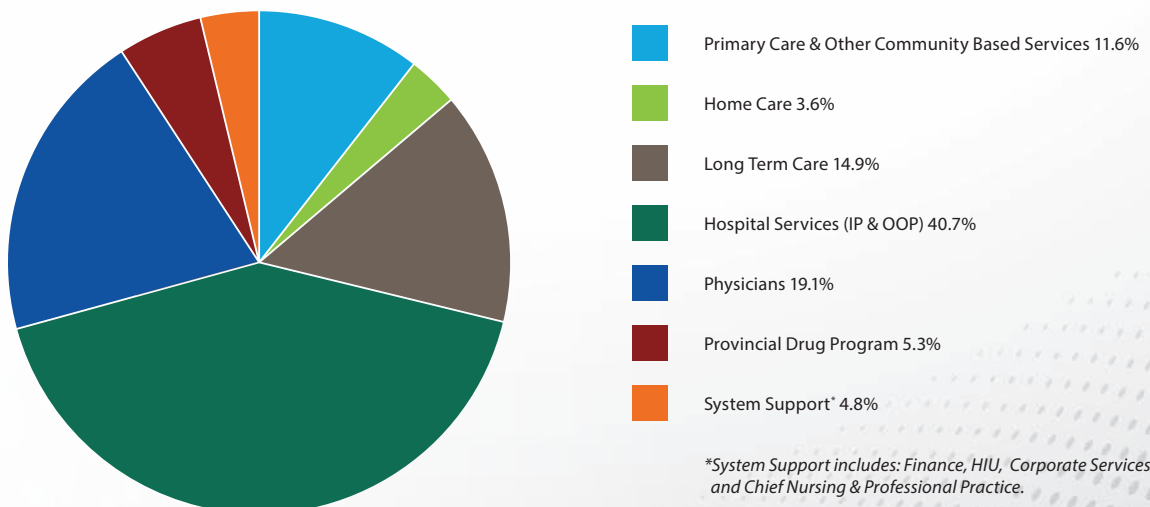
Hospital Services - expenses relating to acute nursing care, ambulatory care, laboratory, diagnostic imaging, pharmacies, ambulance services, the CIS, renal services and OOP medical care for Islanders.

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.

2023-24 Expenses by Sector (Actual)



HEALTH PEI by the Numbers

EMPLOYEES*	2021/22	2022/23	2023/24
Admin/Clerical/Supervisors/Secretaries	578.1	611.8	689.8
Cook/Baker	55.2	55.2	55.2
Excluded Union	275.2	303.2	364.2
LPN	394.1	412.0	455.7
Maintenance/Trades	67.7	69.7	76.1
Manager/Program Officer	58.8	72.3	87.8
NP	54.3	61.8	80.8
Occupational Therapist	52.8	55.9	59.4
Personal Care Worker/Resident Care Worker/Home Support	553.4	583.6	603.7
Physiotherapist	40.8	44.9	53.9
Psychologist	17.5	17.5	18.5
RN	1056.2	1,084.9	1,110.5
Service Worker/Orderly/Porter/Aide	499.5	501.7	514.3
Social Worker	109.5	116.0	130.4
Technician/Clinician/Assistant	576.1	610.2	666.3
MEDICAL STAFF**			
Family Physicians	126.65	121.95	131.3
Specialists	119.4	120.5	118.6
Residents	10	10	13
HOSPITAL-BASED SERVICE VOLUMES ACROSS HEALTH PEI			
Patient Days	160,117	163,674	170,759
Discharged Patients	14,569	15,186	15,489
Average Variance between Length of Stay and Expected Length of Stay (Days)	2.26	2.16	2.13
Alternate Level of Care (ALC) Patient Days	37,487	36,601	33,266
Average ALC Beds as a % of Total Medical Beds	49.5%	43.0%	49.4%
Emergency Department (ED) Visits	86,151	93,280	89,179
Emergency Hold Patient Days	7,435	8,906	11,251
Surgical Procedures	9,928	9,290	10,517
Admissions (excludes Hillsborough Hospital)	14,191	14,792	15,066
Average Length of Stay (days) (excludes Hillsborough Hospital)	9.93	10.12	9.88
Number of Diagnostic Imaging Tests	159,670	161,876	169,567
Number of Laboratory Tests Ordered	2,419,822	2,606,778	2,487,893



LONG-TERM CARE (PUBLIC FACILITIES ONLY)	2021/22	2022/23	2023/24
Occupancy Rate	93.1%	88.2%	93.7%
Number of Long-Term Care Admissions	135	236	224
Number of Long-Term Care Beds	622	622	622
Number of Long-Term Care Facilities	9	9	9
Average Length of Stay (ALOS) (years)	3.6	2.9	2.7
HOME CARE			
Number of Clients Served by Home Care	4,929	5,167	5,547
Number of Home Care Clients that are 75+ years old	2,830	3,128	3,307
MENTAL HEALTH AND ADDICTIONS			
Community Mental Health Provincial – Referrals	5,513	4,702	4,661
Community Mental Health – Crisis Response	2,188	2,268	2,348
Addiction Services – Total Admissions	2,551	2,511	2,552
PRIMARY CARE			
Primary Care Visits	442,493	427,118	419,931

* Health PEI Budgeted FTEs for Regular Positions for PEINU, UPSE Health IUOE, CUPE and Excluded Staff Only. Note: In 2024, new methodology utilized which captures all regular budgeted FTE positions (excludes temporary positions). New methodology utilized for 2023 data. Definitions:

- FTE Regular Positions: Budgeted FTEs for permanent positions (includes both part-time and full-time positions).
- FTE Totals: Sum of position FTE for a regular position – this formula excludes casual positions (positions not assigned an FTE) and true temporary positions (positions have a set end date).

** Updated categorization for family physicians started in 2023-2024.



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 50th Annual Statistical Review 2023.
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	2022-2023	2023-2024
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%	18.0%
Turn Over Rate ¹	Rolling Attrition Rate	Annual Decrease YoY	10.42%	10.46%
Sick Rate (% of sick time to pensionable hours) ^{1b}	Percentage of sick time to pensionable hours	Under Development	6.90%	6.00%
Overtime rate (% of overtime hours to pensionable hours) ^{1b}	Percentage of overtime hours to pensionable hours	Under Development	3.50%	3.30%
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)	N/A	N/A	N/A
Goal 2: Quality and Safety				
Rate of Patient Safety Events (Acute Care Falls, Medication and Fluid Incidents)	Rate of falls per 1,000 patient days for severity level 2 - 5	< 5 per 1,000 patient days	5.90	5.59
	Rate of medication or fluid incidents per 1,000 patient days for severity level 2 - 5	< 5 per 1,000 patient days	2.56	2.76
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	110	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	66.2%	84.0%
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%	44.1%	42.2%
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	380	338
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	21.1%	22.8%
	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	31.8%	14.0%

Indicator	Description	Target	2022-2023	2023-2024
Goal 3: Access and Coordination (Continued)				
Percentage of Alternate Level of Care (ALC) Days	The proportion of days a patient was assigned to the alternate level of care (ALC) patient service. ALC patients are those who no longer need acute care services but continue to occupy an acute care bed or use acute care resources while waiting to be discharged to a more appropriate care setting.	20%	25.4%	23.7%
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	0.55 ⁵	1.02
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	0.4	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	0.9	0.8
Rate of Home Care Client Utilization of Inpatient and Emergency Department Services ⁶	Home Care Client Utilization of Inpatient Services ⁶	N/A	N/A	N/A
	Home Care Client Utilization of Emergency Services ⁶	N/A	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 ELOS (in days)	1.67 days	2.16	2.14
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.	75.98	95.78
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.	5.44	5.74
Percentage of Variance from Budget	Percentage of Variance from Budget	1.0%	0.87%	2% ⁷

Performance within acceptable range, continue to monitor.
 Performance outside of acceptable range, continue to monitor.
 Performance is significantly out of acceptable range, take action and monitor progress.

¹ New indicator methodology, historical information not currently available.

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

² HSMR Provided by CIHI. FY2022-23 latest available data.

³ Ongoing electronic patient experience surveys supplemented by a patient experience survey (June/July and January/February). FY2022-23 Indicator is based on historical question "Were 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 blitz in June/July. FY2023-2024 Value is based solely upon electronic patient experience surveys.

⁴ Wait times are awaiting validation by MHA. Community Mental Health and Psychiatry services are in transition to the Provincial EMR from ISM systems.

⁵ Transitioned to a new AlayaCare system (May 2022) - data may have some missing clients. 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. 2022-23 is from May 2022 - March 31, 2023 - not a full fiscal. Data may have some missing clients or truncated service intervals. 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 manually moved to the Frail grouping category and kept longer in LTS or LTM by Home Care Primary Coordinators. Home Care staff are currently working on an audit plan in home care to correct inaccurate information.

⁶ May 2022 – transitioned to new reporting system. New system data for indicator is currently being validated.

⁷ Finalized value

APPENDIX C

Audited Financial Statements

HEALTH PEI

Financial Statements
March 31, 2024

Management's Report

Management's Responsibility for the Financial Statements

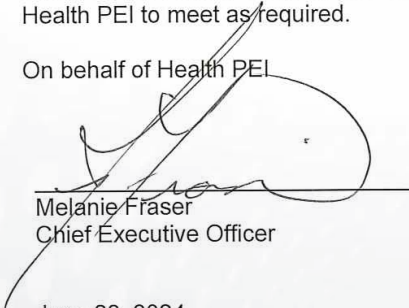
The financial statements have been prepared by management in accordance with Canadian Public Sector Accounting Standards and the integrity and objectivity of these statements are management's responsibility. Management is responsible for the notes to the financial statements and for ensuring that this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



Melanie Fraser
Chief Executive Officer



Pat Ryan
Comptroller

June 28, 2024



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, 2024 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, 2024, 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.

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
June 28, 2024

HEALTH PEI

Statement of Financial Position
March 31, 2024

	2024	Restated (Note 2) 2023
	\$	\$
Financial Assets		
Cash	3,732,409	15,230,372
Restricted cash (Note 3b)	1,511,421	1,409,951
Accounts receivable (Note 5)	43,193,491	49,550,458
Due from the Department of Health and Wellness	<u>116,649,422</u>	<u>99,359,973</u>
	<u>165,086,743</u>	<u>165,550,754</u>
Liabilities		
Accounts payable and accrued liabilities (Note 8)	157,231,029	162,164,635
Asset retirement obligations (Note 9)	1,208,317	4,505,825
Employee future benefits (Note 10)	98,641,840	93,799,595
Deferred donations (Note 3b)	1,511,421	1,409,951
Deferred revenue (Note 11)	<u>632,414</u>	<u>738,820</u>
	<u>259,225,021</u>	<u>262,618,826</u>
Net Debt	<u>(94,138,278)</u>	<u>(97,068,072)</u>
Non Financial Assets		
Tangible capital assets (Note 14)	261,068,713	256,921,682
Inventories of supplies (Note 6)	10,723,103	10,570,221
Prepaid expenses (Note 7)	<u>2,769,677</u>	<u>2,554,846</u>
	<u>274,561,493</u>	<u>270,046,749</u>
Accumulated Surplus	<u>180,423,215</u>	<u>172,978,677</u>
Supplementary Information		
Trusts under administration (Note 19)	1,442,366	1,355,700

(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, 2024

	Budget (Note 20) 2024	2024	Restated (Note 2) 2023
	\$	\$	\$
Revenue			
Operating grants:			
Province of Prince Edward Island:			
Department of Health and Wellness	925,859,700	910,464,957	804,223,617
COVID-19 Response & Recovery Fund	-	-	9,702,916
Federal Government	5,317,800	5,271,297	8,599,606
Fees – patient and client (Note 17)	22,629,000	22,603,384	20,117,923
Food services	1,141,400	1,137,281	992,609
Sales	579,400	307,102	389,329
Other	<u>2,163,800</u>	<u>7,574,890</u>	<u>6,991,347</u>
Operational Revenues	<u>957,691,100</u>	<u>947,358,911</u>	<u>851,017,347</u>
Capital grants:			
Province of Prince Edward Island:			
Department of Health and Wellness	45,701,800	20,799,611	21,775,835
Other capital contributions	5,909,500	5,793,126	10,167,324
Gain on revision of asset retirement obligations (Note 9)	-	<u>3,187,334</u>	-
Capital Revenues	<u>51,611,300</u>	<u>29,780,071</u>	<u>31,943,159</u>
	<u>1,009,302,400</u>	<u>977,138,982</u>	<u>882,960,506</u>
Expenses			
Community Hospitals	32,135,200	32,367,447	30,136,525
Acute Care	219,784,600	226,300,290	209,648,493
Addiction Services	16,706,200	17,525,091	15,496,244
Acute Mental Health	26,172,000	24,617,437	22,582,302
Community Mental Health	28,075,800	24,855,122	21,091,994
Community Specialty Services	17,433,000	14,979,470	12,750,457
Long Term Care	86,264,200	90,773,386	84,416,630
Private Nursing Home Subsidies	40,261,700	47,114,265	38,071,098
Public and Dental Health	21,882,300	22,206,365	21,284,730
Professional Practice and Chief Nursing Office	4,818,700	4,256,942	3,335,746
Provincial Pharmacare Programs	62,425,300	50,099,102	47,718,967
Home Care, Palliative, and Geriatric Care	39,272,200	37,979,573	35,446,957
Provincial Laboratory and Diagnostic Imaging	41,494,100	41,577,522	38,786,996
Provincial Hospital Pharmacies	10,144,500	10,534,244	8,988,614
Corporate and Support Services	27,919,300	27,769,679	21,219,676
Financial Services	10,806,200	10,736,966	10,917,728
Medical Programs – In Province	178,363,700	166,287,016	154,570,306
Medical Programs – Out of Province	53,650,500	60,733,965	47,034,413
Primary Care and Chronic Disease	<u>40,081,600</u>	<u>36,645,029</u>	<u>27,519,471</u>
Program and Service Expenses (Note 21)	<u>957,691,100</u>	<u>947,358,911</u>	<u>851,017,347</u>
Amortization of tangible capital assets	24,738,200	22,141,262	19,960,999
Accretion expense (Note 9)	-	<u>194,271</u>	<u>186,177</u>
	<u>982,429,300</u>	<u>969,694,444</u>	<u>871,164,523</u>
Annual Surplus (Note 18)	<u>26,873,100</u>	7,444,538	11,795,983
Accumulated Surplus, beginning of year		<u>172,978,677</u>	<u>161,182,694</u>
Accumulated Surplus, end of year		<u>180,423,215</u>	<u>172,978,677</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, 2024

	Budget 2024	2024	Restated (Note 2) 2023
	\$	\$	\$
Net Debt, beginning of year	(97,068,072)	(97,068,072)	(98,476,762)
Changes in year:			
Annual surplus	26,873,100	7,444,538	11,795,983
Acquisition of tangible capital assets	(51,611,300)	(26,592,738)	(31,943,159)
Proceeds on disposal of tangible capital assets	-	159,501	37,339
Amortization of tangible capital assets	24,738,200	22,141,262	19,960,999
Loss (gain) on disposal of tangible capital assets	-	(159,501)	661,676
Adjustment to tangible capital assets (Note 14)	-	304,445	-
Decrease (increase) in inventories of supplies	-	(152,882)	384,191
Decrease (increase) in prepaid expenses	-	(214,831)	511,661
Changes in Net Debt	-	<u>2,929,794</u>	<u>1,408,690</u>
Net Debt, end of year	<u>(97,068,072)</u>	<u>(94,138,278)</u>	<u>(97,068,072)</u>

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

HEALTH PEI

Statement of Cash Flow
for the year ended March 31, 2024

	2024	Restated (Note 2) 2023
	\$	\$
Cash provided (used) by:		
Operating Activities		
Surplus for the year	7,444,538	11,795,983
Loss (gain) on disposal of tangible capital assets	(159,501)	661,676
Amortization of tangible capital assets	22,141,262	19,960,999
Gain on revision of asset retirement obligations (Note 9)	(3,187,334)	-
Accretion expense	194,271	186,177
Changes in:		
Accounts receivable	6,356,967	(2,167,352)
Due from the Department of Health and Wellness	(17,289,449)	(20,918,279)
Accounts payable and accrued liabilities	(4,933,606)	25,295,686
Employee future benefits	4,842,245	1,925,103
Deferred revenue	(106,406)	(2,915,800)
Inventories of supplies	(152,882)	384,191
Prepaid expenses	(214,831)	511,661
Cash provided by operating activities	<u>14,935,274</u>	<u>34,720,045</u>
Capital Activities		
Acquisition of tangible capital assets	(26,592,738)	(31,943,159)
Proceeds on disposal of tangible capital assets	159,501	37,339
Cash used by capital activities	<u>(26,433,237)</u>	<u>(31,905,820)</u>
Change in cash	(11,497,963)	2,814,225
Cash, beginning of year	<u>15,230,372</u>	<u>12,416,147</u>
Cash, end of year	<u>3,732,409</u>	<u>15,230,372</u>

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

HEALTH PEI

Notes to Financial Statements
March 31, 2024

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
Community Specialty Services	Corporate and Support Services
Long Term Care	Financial Services
Private Nursing Home Subsidies	Medical Programs – In Province
Provincial Pharmacare Programs***	Medical Programs – Out of Province
Primary Care and Chronic Disease	

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

***Effective April 1, 2024, Health PEI transferred its Provincial Pharmacare operations, the administration of drug programs and related funded positions, agreements and budget to the Department of Health & Wellness. Total budget transferred was approximately \$64 million.

2. Restatement of Prior Period Figures

Effective April 1, 2023, the Accretion Expense has been restated from an operational expense to a capital expense and disclosed as a separate line item. As a result, the 2023 financial statement figures presented have been restated. This restatement has resulted in the reduction of both the operating grant from the Department of Health and Wellness and annual surplus for the 2023 fiscal year. In addition to the accretion restatement, a new service line (Community Specialty Services) was added in the 2024 fiscal year and comparative figures were reclassified to conform with the 2024 presentation. The impact of the restatement and reclassification on the 2023 comparative figures are as follows:

HEALTH PEI

Notes to Financial Statements
March 31, 2024

2. Restatement of Prior Period Figures (continued...)

Statement of Financial Position

	As previously reported <u>2023</u> \$	<u>Adjustment</u> \$	Restated <u>2023</u> \$
Financial Assets			
Due from the Department of Health and Wellness	99,546,150	(186,177)	99,359,973
Net Debt	(96,881,895)	(186,177)	(97,068,072)
Accumulated Surplus	173,164,854	(186,177)	172,978,677

Statement of Operations and Accumulated Surplus

	As previously reported <u>2023</u> \$	<u>Adjustment</u> \$	Restated <u>2023</u> \$
Revenues			
Operating grants: Department of Health and Wellness	804,409,794	(186,177)	804,223,617
Expenses			
Community Hospitals	31,164,248	(1,027,723)	30,136,525
Acute Care	215,733,494	(6,085,001)	209,648,493
Community Specialty Services	-	12,750,457	12,750,457
Professional Practice and Chief Nursing Office	3,339,616	(3,870)	3,335,746
Corporate and Support Services	21,213,121	6,555	21,219,676
Primary Care and Chronic Disease	33,346,066	(5,826,595)	27,519,471
Accretion Expense (Note 9)	-	186,177	186,177
Annual Surplus (Deficit) (Note 18)	11,982,160	(186,177)	11,795,983
Accumulated Surplus, end of year	173,164,854	(186,177)	172,978,677

HEALTH PEI

Notes to Financial Statements
March 31, 2024

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.

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

HEALTH PEI

Notes to Financial Statements
March 31, 2024

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

of the approved grant from the Department. These balances have no repayment terms and are non-interest bearing.

g) Tangible Capital Assets

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

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

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

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 – parking lots	10 years
Equipment	5 years
Medical equipment	5 years
Computer hardware	5 years
Computer software systems	5-20 years
Motor vehicles	5 years

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

h) Liability for Asset Retirement Obligations

Asset retirement obligations (AROs) are provisions for legal obligations associated with the retirements of 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 product of any of the following: regulations set by governments or regulatory bodies, contracts, legislation or promissory estoppel. An ARO is recognized when the following criteria have been met:

- There is a legal obligation to incur retirement costs, in relation to tangible capital assets;
- A past transaction/event giving rise to the liability has occurred;

HEALTH PEI

Notes to Financial Statements
March 31, 2024

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

- It is expected that future economic benefits will be given up; and
- A reasonable estimate of the ARO liability can be made.

The estimated liability is the discounted estimated cash flows required to settle the retirement obligation. The liability 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 assets. 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. 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.

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.

k) Revenues

Revenues are recorded on an accrual basis in the period in which the transaction or event which gave rise to the revenues occurred and any performance obligations associated with those revenues have been met. When accruals cannot be determined with a reasonable degree of certainty or when their estimation is impracticable, revenues are recorded when received.

Province of Prince Edward Island and federal government transfers, defined as operating or capital, are recognized as revenues when a 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.

HEALTH PEI

Notes to Financial Statements
March 31, 2024

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

Patient and client fees consist primarily of long-term care resident and hospital medical service fees. Performance obligations associated with long term resident and hospital medical service fees have been met when services have been performed.

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.

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 estimates 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, liabilities for asset retirement obligations, and potential settlements under negotiations with unions and other employees.

HEALTH PEI

Notes to Financial Statements
March 31, 2024

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

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 accounts receivable arises due to assumptions on economic conditions in the market place and the financial health of recipients.

o) Future Changes in Accounting Standards

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

- Effective April 1, 2026 – *The Conceptual Framework for Financial Reporting in the Public Sector*, to provide the structure for the preparation of general purpose financial statements and standards which are referred to as generally accepted accounting principles (GAAP).
- Effective April 1, 2026 – *PS 1202 Financial Statement Presentation*, to provide guidance on general and specific requirements for the presentation of information in general purpose financial statements.

The new accounting standards have not been applied in preparing these financial statements. Health PEI is currently assessing the impact of these new standards, and the extent of the impact of 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.

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.

HEALTH PEI

Notes to Financial Statements

March 31, 2024

4. Financial Instruments (continued...)

Credit Risk

Credit risk is the risk of financial loss to Health PEI if a debtor fails to make payments on amounts owing. Health PEI is exposed to credit risk with respect to accounts receivable. Exposure to credit risk for drug product rebates, hospital foundations, employee advances, Province of Prince Edward Island and other receivables is considered low, due to the ongoing nature of the relationship with these entities and their past history of payment. Health PEI has a collection policy and monitoring processes intended to mitigate potential credit losses for fees and revenues receivable. Assessments of physician billings, and fees and revenue receivables are exposed to credit risk and 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>2024</u> \$	<u>2023</u> \$
61-90 days	169,594	492,277
91-180 days	1,022,074	758,163
Greater than 180 days	<u>1,015,693</u>	<u>587,916</u>
	<u>2,207,361</u>	<u>1,838,356</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, 2024

	<u>2024</u>	<u>2023</u>
	\$	\$
5. Accounts Receivable		
Fees and revenues receivable	7,777,552	6,130,639
Drug product rebates (PLA agreements)	24,354,446	25,044,459
Assessments of physician billings	658,789	658,789
Hospital foundations	3,531,427	3,445,346
Province of Prince Edward Island		
Covid-19 Response and Recovery Fund	-	9,702,916
Other	6,357,825	4,410,203
Employee advances	188,694	211,555
Other	<u>2,424,192</u>	<u>2,191,758</u>
	45,292,925	51,795,665
Less: provision for doubtful accounts	<u>(2,099,434)</u>	<u>(2,245,207)</u>
	<u>43,193,491</u>	<u>49,550,458</u>
The aging of fees and revenues receivable is as follows:		
	<u>2024</u>	<u>2023</u>
	\$	\$
Current	3,897,398	2,497,002
61-90 days past due	196,011	512,005
91-180 days past due	1,088,279	1,026,269
Greater than 180 days past due	<u>2,595,864</u>	<u>2,095,363</u>
	<u>7,777,552</u>	<u>6,130,639</u>
6. Inventories of Supplies		
	<u>2024</u>	<u>2023</u>
	\$	\$
Medical, surgical and general supplies	5,728,403	5,767,262
Personal protective equipment	1,543,625	1,842,070
Drugs	<u>3,451,075</u>	<u>2,960,889</u>
	<u>10,723,103</u>	<u>10,570,221</u>
7. Prepaid Expenses		
	<u>2024</u>	<u>2023</u>
	\$	\$
Maintenance contracts	540,908	441,711
Workers Compensation Board fees	2,046,730	2,016,852
Other	<u>182,039</u>	<u>96,283</u>
	<u>2,769,677</u>	<u>2,554,846</u>

HEALTH PEI

Notes to Financial Statements
March 31, 2024

8. Accounts Payable and Accrued Liabilities

	<u>2024</u> \$	<u>2023</u> \$
Accounts payable	49,907,132	42,552,609
Accrued liabilities	40,681,626	61,736,041
Salaries and benefits payable	34,886,792	29,257,785
Accrued vacation pay	<u>31,755,479</u>	<u>28,618,200</u>
	<u>157,231,029</u>	<u>162,164,635</u>

9. Asset Retirement Obligations

Health PEI's asset retirement obligations (ARO) relate primarily to the removal and disposal of designated substances, such as asbestos in buildings, and the disposal of equipment containing designated substances. The measurement of the liability for ARO is impacted by any new information about activities required to settle the liability, any activities that settled all or part of the obligation, any changes to legal obligations, and any changes to the discount rate used in the measurement calculations.

To estimate the liability for asbestos and other designated substances in buildings, assessment reports that include the type and quantity of the substances were used with experience and expert advice to determine the estimated costs of retiring the substances. For buildings without an assessment, the liability is based on the estimated cost for similar buildings until more specific data is available.

To estimate the liability for equipment, experience and expert advice were used to determine the estimated cost of retiring the equipment based on the type of equipment and materials contained.

The estimated ARO 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 utilized for asset retirement obligation calculations is 4.68% (2023 – 4.31%). The estimated total undiscounted expenditures would be \$2,244,968 (2023 - \$8,297,178) at the date of expected outlay with the estimated retirement years ranging from 2024 to 2038.

HEALTH PEI

Notes to Financial Statements
March 31, 2024

9. Asset Retirement Obligations (continued...)

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

	<u>2024</u> \$	<u>2023</u> \$
ARO liability, beginning of year	4,505,825	4,319,648
Estimated liabilities incurred	3,267	-
Estimated liabilities settled	-	-
Estimated liabilities disposed	(1,633)	-
Accretion expense	194,271	186,177
Revisions in estimated costs	<u>(3,493,413)</u>	<u>-</u>
ARO liability, end of year	<u>1,208,317</u>	<u>4,505,825</u>

The decrease in ARO liability value is due to a change in the estimate based on an increased discount rate along with revisions in estimated costs due to updated assessments conducted on the buildings. A gain on revision of asset retirement obligations of \$3,187,334 is reported in the Statement of Operations and Accumulated Surplus as a separate line item under capital revenues.

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, disclosed an accrued benefit obligation of \$51,631,000 as at April 1, 2023. 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, 2023.

Significant actuarial assumptions used in the valuation and projections are:

Discount rate: 4.31% (April 1, 2022 – 3.55%)

Expected salary increase: 2.50% per annum and promotional scale

Expected average remaining service life: 16 years

HEALTH PEI

Notes to Financial Statements
March 31, 2024

10. Employee Future Benefits (continued...)

Termination rates: Public Sector Pension Plan (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 67. Employees age 68 and older at the valuation date are assumed to retire one year after the valuation date.

A revised discount rate of 4.68% at April 1, 2024 has also been applied resulting in a decrease of \$2,001,487 to the accrued benefit obligation and a corresponding increase in the unamortized gains and losses at March 31, 2024.

	<u>2024</u> \$	<u>2023</u> \$
Balance, beginning of year	64,173,900	62,457,129
Current service cost	4,386,500	4,593,952
Interest accrued on liability	2,230,312	2,071,829
Amortization of actuarial gains & losses	(199,543)	329,211
Less: payments made	<u>(4,153,725)</u>	<u>(5,278,221)</u>
Balance, end of year	<u>66,437,444</u>	<u>64,173,900</u>
Gross accrued benefit obligation	52,092,600	56,245,200
Unamortized actuarial gains & losses	<u>14,344,844</u>	<u>7,928,700</u>
Net accrued benefit obligation	<u>66,437,444</u>	<u>64,173,900</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, disclosed an accrued benefit obligation of \$31,919,700 as at April 1, 2023. 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, 2023.

HEALTH PEI

Notes to Financial Statements
March 31, 2024

10. Employee Future Benefits (continued...)

Significant actuarial assumptions used in the valuation and projections are:

Discount rate: 4.31% (April 1, 2022 – 3.55%)

Expected salary increase: 2.50% per annum and promotional scale

Expected average remaining service life: 16 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 67. 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.

A revised discount rate of 4.68% at April 1, 2024 has also been applied resulting in a decrease of \$823,576 to the accrued benefit obligation and a corresponding increase in the unamortized gains and losses at March 31, 2024.

	<u>2024</u> \$	<u>2023</u> \$
Balance, beginning of year	29,625,695	29,417,363
Current service cost	4,700,800	3,490,588
Interest accrued on liability	1,397,243	922,745
Amortization of actuarial gains & losses	183,625	(146,869)
Less: payments made	<u>(3,702,967)</u>	<u>(4,058,132)</u>
Balance, end of year	<u>32,204,396</u>	<u>29,625,695</u>
Gross accrued benefit obligation	33,491,200	25,326,800
Unamortized actuarial gains & losses	<u>(1,286,804)</u>	<u>4,298,895</u>
Net accrued benefit obligation	<u>32,204,396</u>	<u>29,625,695</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.

HEALTH PEI

Notes to Financial Statements
March 31, 2024

10. Employee Future Benefits (continued...)

The Province is responsible for any unfunded liabilities of the Plan. A total of \$25,493,807 (2023 - \$22,664,519) 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 \$1,866,481 (2023 - \$1,745,544) was contributed towards salaried physicians' personal RRSP accounts.
- 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, 2024:

	<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>738,820</u>	<u>4,793,395</u>	<u>(4,899,801)</u>	<u>632,414</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 two years include:

	<u>2025</u> \$	<u>2026</u> \$
Health promotion projects	<u>1,231,396</u>	<u>768,148</u>

HEALTH PEI

Notes to Financial Statements
March 31, 2024

13. Contingent Liabilities

Health PEI is subject to legal actions arising in the normal course of business. At March 31, 2024, 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.

14. Tangible Capital Assets

	Land and land improvements	Buildings and improvements	Equipment and vehicles	Computer hardware and software	2024 Total	2023 Total
	\$	\$	\$	\$	\$	\$
Cost						
Opening balance	4,116,365	347,973,536	92,304,087	61,631,829	506,025,817	484,241,479
Additions	376,119	11,341,850	11,926,407	2,948,362	26,592,738	31,943,159
Disposals	-	-	(2,390,273)	-	(2,390,273)	(3,036,748)
Adjustments ¹	-	(306,596)	1,469	(290,236)	(595,363)	(7,122,073)
Closing balance	<u>4,492,484</u>	<u>359,008,790</u>	<u>101,841,690</u>	<u>64,289,955</u>	<u>529,632,919</u>	<u>506,025,817</u>
Accumulated Amortization						
Opening balance	1,416,179	134,977,363	63,523,505	49,187,088	249,104,135	238,602,942
Disposals	-	-	(2,390,273)	-	(2,390,273)	(2,652,299)
Amortization	127,811	9,705,415	10,490,614	1,817,422	22,141,262	19,960,999
Adjustments ¹	-	-	(682)	(290,236)	(290,918)	(6,807,507)
Closing balance	<u>1,543,990</u>	<u>144,682,778</u>	<u>71,623,164</u>	<u>50,714,274</u>	<u>268,564,206</u>	<u>249,104,135</u>
Net book value	<u>2,948,494</u>	<u>214,326,012</u>	<u>30,218,526</u>	<u>13,575,681</u>	<u>261,068,713</u>	<u>256,921,682</u>

¹Management 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 \$290,236 to cost and \$290,236 to accumulated amortization, resulting in a net adjustment of nil to the net book value (2023 - \$314,566). In addition, an adjustment was recorded due to revisions in estimated costs of the asset retirement obligations, resulting in a net adjustment of \$304,445 to the net book value.

Cost at March 31, 2024 includes assets under construction as follows:

	2024 \$	2023 \$
Queen Elizabeth Hospital	3,188,299	7,582,098
Prince County Hospital	301,765	73,176
Kings County Memorial Hospital	246,062	15,078
Community Health Centres	3,430,724	804,149
Other buildings - major improvements	377,102	2,057,174
Leasehold improvements	2,074,773	381,115
Equipment	343,697	4,107,665
Computer hardware and software	6,240,612	3,907,405
Vehicles	557,420	408,099
	<u>16,760,454</u>	<u>19,335,959</u>

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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:

	<u>2025</u>	<u>2026</u>	<u>2027</u>	<u>2028</u>	<u>2029</u>	<u>Thereafter</u>
	\$	\$	\$	\$	\$	\$
Private nursing homes	53,692,332	-	-	-	-	-
IT maintenance	5,424,920	3,183,249	3,089,283	2,813,029	-	-
PEI Medical Society	2,279,676	-	-	-	-	-
Maintenance contracts	3,113,617	3,124,203	2,943,794	2,419,611	2,128,162	13,022,481
Education funds	1,400,000	200,000	-	-	-	-
Facility rental	1,713,088	-	-	-	-	-
Other	<u>7,741,288</u>	<u>2,044,053</u>	<u>767,711</u>	<u>574,302</u>	<u>135,137</u>	<u>138,474</u>
	<u>75,364,921</u>	<u>8,551,505</u>	<u>6,800,788</u>	<u>5,806,942</u>	<u>2,263,299</u>	<u>13,160,955</u>

Health PEI has \$17,078,578 in outstanding contractual commitments for capital projects that commenced on or before March 31, 2024 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.

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Notes to Financial Statements
March 31, 2024

16. Related Party Transactions (continued...)

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:

	<u>2024</u>	<u>Restated</u>
	\$	2023
		\$
Transfers from the Province of Prince Edward Island:		
Operating grant - Department of Health and Wellness	910,464,957	804,223,617
Covid-19 Response and Recovery Fund	-	9,702,916
Capital grant - Department of Health and Wellness	20,799,611	21,775,835
Salary recoveries	1,422,928	1,438,550
Other sales and expenses	<u>11,254,169</u>	<u>6,588,565</u>
	<u>943,941,665</u>	<u>843,729,483</u>
Transfers to the Province of Prince Edward Island:		
Salary reimbursements	1,268,460	1,490,768
Insurance premiums	4,642,556	4,093,947
Public Service Commission	745,661	760,083
Property taxes	511,170	370,620
Computer hardware & software	3,296,186	2,636,744
Grants	5,225,000	-
Other expenses	<u>4,216,839</u>	<u>2,853,953</u>
	<u>19,905,872</u>	<u>12,206,115</u>

Included within the accounts receivable balance at year-end are \$6,585,698 (2023 - \$14,113,119) of transfers due from the Province of Prince Edward Island. Included within the accounts payable balance at year-end are \$9,591,929 (2023 - \$2,912,381) of transfers due to the Province of Prince Edward Island.

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17. Fees - Patient and Client	<u>2024</u> \$	<u>2023</u> \$
Long Term Care resident fees	12,749,662	12,009,640
Hospital medical services:		
Non-residents	5,865,614	4,954,550
Uninsured hospital services - workers compensation	1,447,739	1,436,684
Other uninsured hospital services	2,482,560	1,656,358
Hospital preferred room accommodations	57,578	60,386
Other	231	305
	<u>22,603,384</u>	<u>20,117,923</u>

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, 2024 was comprised of:

	<u>Operational</u> \$	<u>Capital</u> \$	<u>2024</u> \$
Grants - Province of Prince Edward Island:			
Department of Health and Wellness	910,464,957	20,799,611	931,264,568
Other revenues	<u>36,893,954</u>	<u>8,980,460</u>	<u>45,874,414</u>
Total revenues	947,358,911	29,780,071	977,138,982
Program and service expenses	947,358,911	-	947,358,911
Amortization / accretion expense	-	<u>22,335,533</u>	<u>22,335,533</u>
Surplus	<u>-</u>	<u>7,444,538</u>	<u>7,444,538</u>

19. Trusts Under Administration

At March 31, 2024, the balance of funds held in trust for residents of facilities in Long Term Care was \$1,442,366 (2023 - \$1,355,700). 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.

HEALTH PEI

Notes to Financial Statements
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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, 2024, the Province budgeted \$24,738,200 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, 2024, Health PEI reallocated certain budget amounts among its divisions. The following table shows the reallocation of the original approved budget.

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20. Budgeted Figures (continued...)

	Original Approved Budget	Adjustments Between Divisions	Budget - Statement of Operations
	\$	\$	\$
Revenues			
Operating grants:			
Province of Prince Edward Island:			
Department of Health and Wellness	925,859,700	-	925,859,700
Federal Government	5,317,800	-	5,317,800
Fees - patient and client	22,629,000	-	22,629,000
Food services	1,141,400	-	1,141,400
Sales	579,400	-	579,400
Other	2,163,800	-	2,163,800
Operational Revenues	<u>957,691,100</u>	-	<u>957,691,100</u>
Capital grants - Dept. of Health and Wellness	45,701,800	-	45,701,800
Other capital contributions	5,909,500	-	5,909,500
Capital Revenues	<u>51,611,300</u>	-	<u>51,611,300</u>
	<u>1,009,302,400</u>	-	<u>1,009,302,400</u>
Expenses			
Community Hospitals	32,189,300	(54,100)	32,135,200
Acute Care	219,620,900	163,700	219,784,600
Addiction Services	16,431,700	274,500	16,706,200
Acute Mental Health	26,059,100	112,900	26,172,000
Community Mental Health	28,839,100	(763,300)	28,075,800
Community Specialty Services	16,514,000	919,000	17,433,000
Long Term Care	86,009,900	254,300	86,264,200
Private Nursing Home Subsidies	39,898,300	363,400	40,261,700
Public and Dental Health	21,931,800	(49,500)	21,882,300
Professional Practice and Chief Nursing Office	4,819,400	(700)	4,818,700
Provincial Pharmacare Programs	62,425,300	-	62,425,300
Home Care, Palliative, and Geriatric Care	39,289,900	(17,700)	39,272,200
Provincial Laboratory and Diagnostic Imaging	41,608,500	(114,400)	41,494,100
Provincial Hospital Pharmacies	9,694,000	450,500	10,144,500
Corporate and Support Services	27,594,500	324,800	27,919,300
Financial Services	10,667,200	139,000	10,806,200
Medical Programs - In Province	178,830,800	(467,100)	178,363,700
Medical Programs - Out of Province	53,795,500	(145,000)	53,650,500
Primary Care and Chronic Disease	41,471,900	(1,390,300)	40,081,600
Program and Service Expenses	<u>957,691,100</u>	-	<u>957,691,100</u>
Amortization of tangible capital assets	24,738,200	-	24,738,200
	<u>982,429,300</u>	-	<u>982,429,300</u>
Annual Surplus	<u>26,873,100</u>	-	<u>26,873,100</u>

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Notes to Financial Statements
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21. Expenses by Type

The following is a summary of expenses by type:

	<u>Compensation</u>	<u>Supplies</u>	<u>Sundry*</u>	<u>Equipment</u>	<u>Contracted Out Services</u>	<u>Buildings and Grounds</u>	<u>2024 Total</u>
	\$	\$	\$	\$	\$	\$	\$
Community Hospitals	23,891,275	4,685,249	866,441	533,219	1,564,561	826,702	32,367,447
Acute Care	153,072,812	50,203,017	5,652,319	4,223,648	10,586,152	2,562,342	226,300,290
Addiction Services	14,392,997	1,033,901	1,235,650	128,689	319,379	414,475	17,525,091
Acute Mental Health	20,579,599	1,897,520	348,969	151,647	1,050,478	589,224	24,617,437
Community Mental Health	19,244,050	368,302	4,204,229	76,328	857,094	105,119	24,855,122
Community Specialty Services	11,449,814	2,480,912	328,379	393,899	300,830	25,636	14,979,470
Long Term Care	74,821,692	8,500,973	2,415,987	798,689	2,497,766	1,738,279	90,773,386
Private Nursing Home Subsidies	-	-	47,114,265	-	-	-	47,114,265
Public and Dental Health	13,755,907	925,795	407,690	277,090	6,743,803	96,080	22,206,365
Professional Practice and Chief Nursing Office	3,697,081	9,536	299,874	49,873	200,578	-	4,256,942
Provincial Pharmacare Programs	1,317,298	819,413	45,107,362	7,016	2,848,013	-	50,099,102
Home Care, Palliative, and Geriatric Care	31,242,329	1,577,895	2,380,781	354,216	2,274,574	149,778	37,979,573
Provincial Laboratory and Diagnostic Imaging	23,521,154	14,931,339	749,194	231,422	2,052,472	91,941	41,577,522
Provincial Hospital Pharmacies	8,929,454	1,035,766	214,767	71,091	266,983	16,183	10,534,244
Corporate and Support Services	16,672,668	2,213,977	4,714,774	3,118,610	1,049,650	-	27,769,679
Financial Services	8,185,925	80,299	2,193,251	93,401	32,129	151,961	10,736,966
Medical Programs - In Province	147,950,412	251,389	6,428,970	122,841	11,533,404	-	166,287,016
Medical Programs - Out of Province	-	-	2,611,445	-	58,122,520	-	60,733,965
Primary Care and Chronic Disease	<u>26,785,170</u>	<u>1,384,567</u>	<u>6,745,522</u>	<u>659,167</u>	<u>785,985</u>	<u>284,618</u>	<u>36,645,029</u>
	<u>599,509,637</u>	<u>92,399,850</u>	<u>134,019,869</u>	<u>11,290,846</u>	<u>103,086,371</u>	<u>7,052,338</u>	<u>947,358,911</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 image features a dynamic, abstract composition of flowing, overlapping shapes in shades of green and blue. These shapes curve from the top right towards the bottom right. Some of the green areas contain a subtle hexagonal pattern, reminiscent of a honeycomb or molecular structure. The overall effect is one of movement and modern design.

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