

3 February 2026

Canada-PEI Agreement Reporting

Working Together to Improve Health Care for Canadians and Aging with Dignity

Indicator Update, December 2025

Prince Edward Island (PEI) and the federal government are committed to continuing to work together to improve health care access and services through the Canada-PEI [Working Together](#) and the [Aging with Dignity](#) bilateral agreements. PEI has developed action plans to deliver improvements to its health care system, including:

- Expanding access to family health services, including in rural and remote areas, through primary care renewal and expansion of the Patient Medical Homes and Patient Medical Neighbourhoods model;
- Supporting health workers through recruitment and retention initiatives and reducing backlogs for health services such as surgeries and diagnostics;
- Improving access to quality mental health, substance use and addictions services with mobile mental health units and student well-being teams; and
- Helping people in Canada age with dignity, closer to home, by supporting efforts to improve access to home and community care, and safe long-term care.

Progress on initiatives and broader commitments are measured against targets which PEI publicly reports on annually on this page.

PEI and the federal government will continue working together to improve access to health services and deliver tangible results to all residents across the province, including responding to the needs of Indigenous and other underserved and disadvantaged populations.

3 February 2026

Annual Reporting for Working Together to Improve Health Care for Canadians Bilateral Agreement

Reporting on the Four Priority Areas

| Indicator | Baseline | Target | Timeframe | Dec 2024 Update | Dec 2025 Update | Context for Dec. 2025 Update |
|--|----------|----------|------------|-----------------|-----------------|---|
| Priority Area 1 - Family Health Teams | | | | | | |
| Number of Patient Medical Homes (PMHs) ¹ | 14 | Up to 30 | March 2026 | 17 | 19 | As of December 2025, there are 19 PMHs active. HPEI will make as many PMHs as needed to affiliate all islanders to Primary Care. |
| Number of FTE physicians / nurse practitioners / allied health enrolled in PMHs ¹ | 75 | 200 | March 2026 | 166.2 | 139.35 | For the 19 active PMHs as of January 7, 2026, the breakdown of enrolled (filled) physicians, nurse practitioners, and allied health professionals is: PMH physicians: 39.75 FTE PMH nurse practitioners: 30.50 FTE PMH allied health: 69.10 FTE Total: 139.35 FTE |

3 February 2026

| Indicator | Baseline | Target | Timeframe | Dec 2024 Update | Dec 2025 Update | Context for Dec. 2025 Update |
|--|----------|--------|------------|-----------------|-----------------------------------|--|
| | | | | | | <p>Staffing of other health care roles in the PMHs are:</p> <p>Licensed practical nurses: 93.15 FTE</p> <p>Medical secretaries: 87.70 FTE</p> <p>Clinic coordinators: 16.00 FTE</p> |
| Number of Primary Care Access Clinic visits (monthly) ¹ | 700 | 0 | March 2026 | 1,237 | Monthly (average) = 1,310 / month | <p>Primary Care Access Clinics (PCACs) were established to provide primary care to patients who cannot see a health care provider through virtual care because they require an in-person appointment. The intention is to ultimately wind down PCACs as patients who do not have a regular primary care provider are assigned to Patient Medical Homes.</p> <p>The purpose of PCACs will be reviewed and</p> |

3 February 2026

| Indicator | Baseline | Target | Timeframe | Dec 2024 Update | Dec 2025 Update | Context for Dec. 2025 Update |
|--|----------|--------|------------|-----------------|------------------------------------|---|
| | | | | | | <p>evaluated throughout PMH implementation. Currently, they are an important component of primary care renewal in PEI.</p> <p>Total 2025 PCAC visits by location:</p> <p>Charlottetown PCAC: 10,029 visits Summerside PCAC: 5,303 visits Montague PCAC: 389 visits Total PCAC: 15,721 visits</p> |
| Percentage of PEI residents who report having access to a regular family health team, a family doctor, or nurse practitioner, including in rural and remote areas ² | 81% | 100% | March 2026 | 73% | 62% Adults; 68% Children and Youth | <p>CIHI indicator. Sources:</p> <ul style="list-style-type: none"> - Statistics Canada, Canadian Community Health Survey 2023 and 2024 - Statistics Canada, Canadian Health Survey on Children and Youth, 2024. |

3 February 2026

| Indicator | Baseline | Target | Timeframe | Dec 2024 Update | Dec 2025 Update | Context for Dec. 2025 Update |
|---|----------|----------|------------|-----------------|-----------------|---|
| | | | | | | - Starting in 2024, the Canadian Community Health Survey (CCHS) methodology was updated to reflect adults aged 18+ (Baseline and Target were based on previous reporting for ages 12+). |
| Priority Area 2 – Health Workforce and Backlogs | | | | | | |
| Number of internationally educated health professionals hired ¹ | See note | See note | See note | See note | n/a | Data are not currently available on the number of Internationally Educated Health Professionals hired. This indicator will be updated as data become available. |
| Average time-to-fill for Health PEI vacancies (internal hires) ¹ | 36 days | 32 days | March 2026 | 23 days | 21 days | Update: average time-to-fill for the fiscal year 2024-25. |
| Average time-to-fill for Health PEI vacancies (external hires) ¹ | 52 days | 32 days | March 2026 | 41 days | 50 days | Update: average time-to-fill for the fiscal year 2024-25. |

3 February 2026

| Indicator | Baseline | Target | Timeframe | Dec 2024 Update | Dec 2025 Update | Context for Dec. 2025 Update |
|---|----------|--------|------------|---|---|---|
| Annual change in surgical volumes since start of COVID-19 pandemic ² | n/a | n/a | Complete | 16.4% increase in surgical volume since 2019-20 | 15% increase in surgical volume since 2019-20 | <p>Update is for the 2024-25 calendar year.</p> <p>CIHI changed its reporting on this indicator in 2024-25, rendering PEI's initial baseline and target related to the COVID-19 surgical backlog obsolete.</p> <p>An increase in surgical volumes since 2019-20 indicates progress on a return to pre-pandemic surgical volumes.</p> <p>CIHI indicator. Source: Hospital Morbidity Database and National Ambulatory Care Reporting System, 2018-2019 to 2024-2025</p> |
| Supply of family physicians per 10,000 population ² | 11 | 11 | March 2026 | 13.37 (+2.37 increase) | 13.49 (+0.12 increase) | Family physician supply update is for the 2022-23 fiscal year. |

3 February 2026

| Indicator | Baseline | Target | Timeframe | Dec 2024 Update | Dec 2025 Update | Context for Dec. 2025 Update |
|--|----------|--------|------------|-------------------------|-------------------------|---|
| Supply of registered nurses per 10,000 population ² | 106 | 106 | March 2026 | 111.21 (+5.21 increase) | 112.19 (+0.98 increase) | RN supply update is for the 2023 calendar year. |
| Supply of nurse practitioners per 10,000 population ² | 4 | 4 | March 2026 | 4.29 (+0.29 increase) | 4.64 (+0.35 increase) | <p>NP supply update is for the 2023 calendar year.</p> <p>CIHI Indicators. Sources:</p> <ul style="list-style-type: none"> - National Physician Database, 2022-2023 - Health Workforce Database (HWDB), 2023 - Statistics Canada, Estimates of population, by age group and sex <p>PEI's aim is to maintain the overall supply of family physicians, registered nurses, and nurse practitioners per 10,000 population, considering rapid population growth in the province.</p> <p>Note: CIHI has recently changed how it reports this indicator, reflecting the increase in FTE per</p> |

3 February 2026

| Indicator | Baseline | Target | Timeframe | Dec 2024 Update | Dec 2025 Update | Context for Dec. 2025 Update |
|---|----------|--------|------------|--|---|---|
| | | | | | | 10,000 population rather than a supply per 10,000 population. This is reflected in the number in parentheses in the Progress column. |
| Priority Area 3 – Modernized Health Data Systems | | | | | | |
| Percentage of PEI residents who have accessed their personal health information electronically at any time ² | N/A | | | | | PEI is not using federal funding during the 2023-24 to 2025-26 period for Modernizing Health Data Systems. However, provincial funding will continue to be invested in initiatives under this category. |
| Percentage of PEI physicians who exchange patient clinical summaries with doctors outside their practice ² | | | | | | |
| Priority Area 4 – Mental Health and Substance Use | | | | | | |
| Number of clients seen by mobile mental health (annual) ¹ | 2,500 | 5,000 | March 2026 | 8,457 (7,296 telehealth clinical interventions; 1,181 mobile mental health dispatches) | (1,346 mobile mental health dispatches) | |

3 February 2026

| Indicator | Baseline | Target | Timeframe | Dec 2024 Update | Dec 2025 Update | Context for Dec. 2025 Update |
|--|----------|--------|------------|-----------------|-----------------|---|
| Percentage of visits to the ER with mental health and/or substance use concerns ¹ | 8.3% | 8.3% | March 2026 | 6.7% | 6.6% | <p>The baseline number for this indicator is the three-year average (2020/21 to 2022/23) of visits to Queen Elizabeth Hospital and Prince County Hospital ER with mental health and/or substance use concerns.</p> <p>The update for this indicator is for the 2025-26 fiscal year, Q1-Q2.</p> <p>PEI's aim is to maintain this level considering rapidly increasing population growth within the province.</p> |
| Integrated youth services availability | N/A | | | | | PEI is not using federal funding during the 2023-24 to 2025-26 period for Mental Health and Substance Use initiatives beyond those identified for existing 2017 Common Statement of Principles funding. However, |

3 February 2026

| Indicator | Baseline | Target | Timeframe | Dec 2024 Update | Dec 2025 Update | Context for Dec. 2025 Update |
|--|----------|----------|------------|-----------------|-----------------|--|
| | | | | | | provincial funding will continue to be invested in developing Integrated Youth Services in the province. |
| Percentage of PEI residents aged 12 and over who report a diagnosed mood or anxiety disorder and needs for mental health care not met ¹ | 7% | 7% | March 2026 | n/a | n/a | Update not available. PEI's aim is to maintain the current percentage considering rapid population growth in the province. |
| Wait times for community mental health counselling ² | See note | See note | See note | See note | n/a | CIHI Indicator. Source: Provincial and territorial data collection systems Data are not currently available on wait times for community mental health counselling. This indicator will be updated as data become available. |

¹PEI-specific indicator.²Canadian Institute for Health Information (CIHI) Shared Health Priorities Common Indicator (<https://www.cihi.ca/en/shared-health-priorities>).

3 February 2026

Annual Reporting for Aging with Dignity Bilateral Agreement

Reporting on Home and Community Care

| Indicator | Baseline | Target | Timeframe | Dec. 2024 Update | Dec. 2025 Update | Context for Update |
|--|----------|--------|------------|------------------|------------------|--|
| Priority Area 1 – Mobile Integrated Health (MIH) / Hospital at Home Service | | | | | | |
| Active Hospital at Home Caseload ¹ | 0 | 1,450 | March 2027 | n/a | | Hospital at Home program not active ³ |
| Priority Area 2 – Home and Community Care IT Infrastructure | | | | | | |
| Number of InterRAI home care assessments completed (annually) ¹ | 1,400 | 1,800 | 2024 | 2,101 | 2,334 | Targets to be maintained following timeline date. |
| Number of InterRAI contact assessments completed (annually) ¹ | 0 | 2,000 | 2024 | 307 | 1,042 | Contact assessment started November 2024 – update is for 6 weeks only. |
| | | | | | | Targets to be maintained following timeline date. |

¹PEI-specific indicator

³Funding previously identified in the Aging with Dignity agreement for the Hospital at Home program will be repurposed into a different Mobile Integrated Health program.

3 February 2026

Reporting on Long-term Care

| Indicator | Baseline | Target | Timeframe | Dec. 2024 Update | Dec. 2025 Update | Context for Dec. 2025 Update |
|---|------------------------------|------------------------|------------|------------------|------------------------------|---|
| Priority Area 1 – Workforce Stability | | | | | | |
| Hours per week per 100 residents of OT/PT support to private LTC facilities ¹ | 0.6 hrs OT 0.25 hrs PT | 11 hrs OT 10 hrs PT | March 2028 | n/a | 44.39 hrs OT 49.38 hrs PT | Dec. 2025 update is the average for Q1 and Q2 of the 2025-25 fiscal year. |
| Hours per week per 100 residents of Nutritionist support to private LTC facilities ¹ | 4.5 hrs registered dietitian | 32 hrs | March 2028 | n/a | 21.64 hrs | Dec. 2025 update is the average for Q1 and Q2 of the 2025-25 fiscal year. |
| Priority Area 2 – Long-term Care Standards | | | | | | |
| Number of clients assessed with InterRAI prior to entry into private LTC ¹ | 0 | All | March 2028 | All | | |
| Number of mobile x-rays performed ^{1,2} | 0 | 225 | March 2028 | 0 | 91 | Gradual onboarding of program initiated in early 2025. Dec. 2025 update includes data from March-November 2025. |

¹PEI-specific indicator.

²This indicator was initially reported as *Reduction in transfers for diagnostic imaging per year, per mobile unit*. Currently, PEI is only able to report on total number of mobile x-rays performed.