2026-2027 BUSINESS PLAN

Health PEI

OUR ROADMAP TO WORKING TOGETHER
AS ONE ISLAND HEALTH SYSTEM

Health PEI

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Policy, Planning and Evaluation

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2026-2027 HEALTH PEI BUSINESS PLAN

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MESSAGE FROM THE INTERIM HEALTH PEI CEO

On behalf of Health PEI, I am pleased to present the 2026-2027 Health PEI Business Plan.

Guided by Health PEI's Strategic Plan and the province's health priorities, this plan outlines the actions we will take over the coming year to strengthen our workforce, improve access to care, and continue providing high-quality care and services for Islanders. Through our focus on the right people, the right care, the right place, and the right time, we will continue to make steady progress toward a health-care system that better meets the needs of Islanders.

Over the next year, we will build on the work already underway across Health PEI, supporting our teams and working with patients, families, communities, partners and government to strengthen and stabilize our health system.

I look forward to working with our dedicated Health PEI teams and partners across the province as we advance these priorities together.

Respectfully Submitted,

Laurae Kloschinsky, Interim Chief Executive Officer

2025-2028 HEALTH PEI
STRATEGIC PLAN AT A GLANCE

OUR MISSION

Delivering high-quality, person-centered care to every Islander.

OUR VISION

A leading rural health-care system, founded on robust primary care that is accessible to all.

OUR VALUES

1. We demonstrate accountability
2. We act with care
3. We work together
4. We strive for excellence

INTRODUCTION

With over $146.6 million dollars ($53.5 M operations and $93.1 M capital)[1,2] in new investments for the 2026-2027 Fiscal Year (April 1, 2026 to March 31, 2027), the Health PEI Business Plan is a critical planning document that outlines how resources allocated in Health PEI's budget will deliver on the government's priorities outlined in the PEI Provincial Health Plan (2023-2028)[3] demonstrating value to Island taxpayers.

The submission of this report satisfies legislative requirements outlined in the *Health Services Act*[5] the *Financial Administration Act*[6] and accountability requirements to the PEI Legislative Assembly, the Minister of Health and Wellness and the public. The business plan is developed and communicated pursuant to Accreditation Canada's QMentum Governance and Leadership Standards.[7,8] The Business Plan is also aligned with *The Canadian Quality and Patient Safety Framework for Health Services*.[9]

GOVERNANCE AND ACCOUNTABILITY

Health PEI

Health PEI is a crown corporation responsible for the operation and delivery of publicly funded health care services in PEI. The Health PEI Board of Directors is accountable to the Minister as established in the Health Services Act. The Board is connected to the operational organization through the Chief Executive Officer (CEO). Health PEI, led by the CEO, operates programs and services throughout PEI in both hospital and community settings.

Leadership Accountability

Public reporting is directed by both legislation and Treasury Board policies. To monitor progress on the implementation of new investments, Health PEI will:

- Develop the Health PEI Business Plan (start of fiscal year) and Health PEI Annual Report (end of fiscal year).
- Provide regular investment and key performance indicators (KPIs) updates to the Executive Leadership Team (ELT), Health PEI Board of Directors and the Department of Health and Wellness (DHW).
- Review the organization's annual Audited Financial Statements.

STRATEGIC PRIORITIES

Health PEI's strategic priorities support our vision of becoming a leading rural health care system, founded on robust primary care that is accessible to all. To help us move forward in achieving our vision, we will be focusing on the following priorities:

1. Connect every Islander to primary care
2. Access to health care that meets or exceeds national standards
3. One Island Health System with provincial programs delivering best practice
4. Build a more connected health system, integrating care around Islanders

Over time, we aim to see positive impacts on:

- Care experience
- Health equity
- Health outcomes
- Staff and provider wellbeing
- Value for money

HEALTH PEI AT A GLANCE

OUR BUDGET

- $1.2 Billion

OUR PEOPLE

- 7,677 Employees* (Permanent, Casual and Temporary Employees) including:
  - 84 Nurse Practitioners (NPs)
  - 1,657 Registered Nurses (RNs)
  - 705 Licensed Practical Nurses (LPNs)
  - 972 Allied Health Professionals
- 327 Physicians* (299.3 FTE)

** Employee and Physician Counts*

OUR PLACES

- 7 acute care facilities
- 9 public long-term care (LTC) facilities
- Multiple locations in the community including 19 patient medical homes (PMHs), children's developmental services, public health, community mental health and home-based care

OUR SERVICES (BASED ON 2025/26 DATA)

- 92 K+ Emergency Department (ED) Visits
- 12 K+ Surgical Procedures
- 10 K+ Community Mental Health Referrals
- 380 K+ Primary Care Visits

OUR PARTNERS

- 100+ partners, including 12 foundations and auxiliaries.*

** Partners include community organizations, health charities, non-governmental organizations (NGOs), service providers, government departments and academic institutions)*

BUDGET AND RESOURCE SUMMARY

This summary provides an overview of our overall budget for the 2026-2027 fiscal year.

	2026-27 BUDGET ESTIMATE • $	2025-26 FORECAST • $	2025-26 BUDGET • $
EXPENDITURE			
CORPORATE SERVICES	29,488,300	27,605,600	23,967,000
PEOPLE AND PROFESSIONAL PRACTICE	30,914,300	29,413,300	27,293,400
FINANCIAL SERVICES	14,201,800	14,860,600	12,599,500
MEDICAL AFFAIRS	313,355,600	289,715,800	271,158,600
HOSPITAL SERVICES	399,269,200	397,126,200	343,455,300
COMMUNITY HEALTH AND SENIORS CARE	359,641,000	339,485,900	314,651,800
MENTAL HEALTH AND ADDICTIONS SERVICES	95,100,300	79,545,200	78,256,400
GROSS EXPENDITURE	**1,241,970,500**	**1,177,752,600**	**1,071,382,000**
REVENUE			
HEALTH PEI	38,972,500	50,677,200	39,166,400
TOTAL REVENUE	**38,972,500**	**50,677,200**	**39,166,400**
NET HEALTH PEI EXPENDITURE	**1,202,998,000**	**1,127,075,400**	**1,032,215,600**
CAPITAL			
CAPITAL IMPROVEMENTS - BUILDINGS	61,854,600	52,978,000	57,406,300
EQUIPMENT AND OTHER CAPITAL ASSETS	31,045,100	28,079,600	23,848,600
VEHICLES	240,000	132,100	
TOTAL CAPITAL EXPENDITURE	**93,139,700**	**81,189,700**	**81,254,900**

KEY STRATEGIC ACTIONS FOR 2026-2027: OUR COMMITMENTS

The Government of PEI's direct investments into Health PEI supports the delivery of services in our province's health care system. For each fiscal year of the 2025-2028 strategic plan cycle, investments and initiatives that advance our strategic priorities will be shared. Our funded and approved key deliverables in this year's budget (April 1, 2026 to March 31, 2027) are outlined in the following sections.

CONNECT EVERY ISLANDER TO PRIMARY CARE

- Continue the expansion of PMHs across the province including support for existing PMHs (e.g. staff supports and lease agreements) to support access to team-based primary care.
- Establishment of Community Health Centres to anchor services such as: PMH, public health nursing, community mental health and addictions, audiology, venipuncture and dentistry.
- Continue recruitment of Family Medicine Physicians, NPs, nursing and support staff.

PROVIDE ACCESS TO HEALTH CARE THAT MEETS OR EXCEEDS NATIONAL STANDARDS

Patient Flow and System Utilization

- **Home First (HF)** is an approach that prioritizes supporting patients to safely return home with appropriate services, rather than defaulting to institutional care. HF implementation reduces alternate level care (ALC) days and improves patient outcomes, patient flow and hospital capacity.
- **LTC Admission, Transfer and Placement Policy and Procedure** establishes a standardized, transparent and accountable framework for managing all LTC admissions, transfers and placements to ensure timely, equitable and person-centered decisions supported by consistent processes and clear roles. Implementation of the policy in 2026-2027 will enable more efficient transitions between care settings leading to improved patient flow.
- **Unit-Based Rounds** are structured, multi-disciplinary discussions focused on proactive care planning and early identification of discharge barriers. By enhancing coordination across care teams and prioritizing timely decision-making, they support efficient transitions, reduce discharge delays and improve overall patient flow and capacity management.
- **The Health PEI Service (Bed) Mapping** review will examine current and historical inpatient bed utilization across all services. By comparing allocated beds with actual utilization patterns, the project will identify misalignments between patient demand, service delivery and bed resources. A key focus will be understanding how existing resources are utilized to determine opportunities for bed optimization and improved system performance. Findings will inform evidence-based recommendations to support sustainable capacity planning, optimize patient flow and ensure inpatient resources are aligned with current and future healthcare needs.

Specialist Physicians

- To support care in hospitals and in the community, funding provided for specialist physicians including neonatology, internal medicine, dermatology, psychiatry, physiatry, anesthesiology, medical microbiology and associated supports.
- Continue implementation of the Hospitalist Fellowship Training Program Memorandum of Agreement with McMaster University to support health human resources growth in PEI hospitals.

Critical Care

Critical Care Transport

- Provide $150 per patient activation fee to critical transport program.

Prince County Hospital Intensive Care Unit (PCH ICU)

- Addition of new PCH ICU Fee Codes for physicians providing ICU coverage in alignment with the Physician Services Agreement (PSA). Also provide funding for coverage of Progressive Care Unit beds at PCH.

Drug Formulary

- Addition of nine medications to the Pharmacare Formulary and funding for Health PEI to make ten additions, including new medications and new indications, to the Cancer Treatment Centre Formulary.
- Acceptance and incorporation of medication updates from Nova Scotia and New Brunswick Oncology Formularies to the Health PEI Provincial Oncology Formulary to ensure alignment among provinces.

Acute Care Overcapacity

- Expand acute care inpatient bed spaces including staffing, supplies and related costs for overcapacity measures.

Hospital Services – Security

- Continue contract implementation with the Canadian Corps of Commissionaires.

Powerscribe One

- Establish 3-year Service agreement for the purchase, implementation and support of a new voice recognition and transcription product for radiologist reporting of diagnostic images.

Optometry Services Direct Billing Agreement

- Continue delivery of retinopathy screen testing and treatment of red eye and dry eye conditions through a 5-year agreement with Prince Edward Island Association of Optometrists.

Capital Planning

- Funding for project managers to lead complex capital projects including new builds, renovations and maintenance across Health PEI facilities and infrastructure.

Finance System Capital Project

- Funding for a project manager to ensure the successful implementation of an updated financial system by providing strategic oversight, aligning objectives and managing risks.

DELIVER ONE ISLAND HEALTH SYSTEM WITH PROVINCIAL PROGRAMS DELIVERING BEST PRACTICE

Midwifery Services

- Activate year five of a multi-year plan to implement a provincial midwifery program. On-going investment will support in-hospital and home-based prenatal and post-natal care, and in-hospital labour and delivery across the province in multiple locations.

Seniors Care

Home Based Restorative Care

- Implement a phased approach to reach 114 clients provincially for home-based restorative care (estimated to be ~25% of the projected caseload of eligible home-based restorative care clients) starting in Prince County and then staggering reach to remaining regional sites. Investments include resources for home support workers, daily living worker, coordinator/lead and rehabilitation assistant. The goal of this program is to improve physical well-being and support older adults to continue to live at home by providing home-based restorative services. The program will support and encourage increased client activity and function, with and without the presence of the home care team.

Self-Managed Care

- Continue funding support of the Self-Managed Care (SMC) Program. The SMC Program is an option for home care clients to get funding in order to secure independent support at home for personal care and respite services as per assessment and eligibility. Provision of services through SMC Program will delay or prevent deterioration of functioning essential to remaining safely in the community.

LTC

- Support operational costs (per diem – health care and accommodation costs) for 85 LTC beds in Charlottetown.

Adult Day Program

- Provide lease agreements for the Provincial Geriatric Program and the Rural Municipality of Abram Village for the Adult Day Program to support older adults living in the community.

Mental Health and Addictions (MH&A)

New Campus

- Support for the new campus (Acute, Community and Transitional Programs) to scale up multidisciplinary staff including an acute mental health psychologist and a data analyst for community mental health to support emerging MH&A needs.

Attention Deficit and Hyperactivity Disorder (ADHD) Program

- Continue funding support for the ADHD Program located within Health PEI's Mental Health and Addiction's Community Programs area. Support for staff, material supplies and services are included in this investment.

Community Addiction Medicine – Queen Street Clinic

- Funding to support the contract for this outpatient substance use service as the number clients actively using this service increases.

Community Mental Health & Addictions Contract for Transitional Housing and Support

- Funding to support the contract for the provision of transitional housing and case management support for clients. These services significantly reduce pressure on acute care beds and increase housing and independent living support for individuals with mental illness and/or addictions.

Physician Services

PSA

- Funding of staff positions for the PSA Implementation Team.

Emergency Medicine Locum Incentives

- Funding to support changes to the emergency medicine locum incentive model for physicians working in PEI EDs. This support will assist Health PEI in achieving adequate coverage for patient demand and remaining competitive with other jurisdictions.

Medical Learners

Health System Impacts

- As UPEI medical students start their clerkships and later grow in number over the next several years, impacting the number of learners in the health system, financial supports will need to be in place to support learners and preceptors. Supports will include funding for overhead costs, remuneration for clinical teaching time and new learning spaces.

Medical Learner Supports

- Increase funding for the rental expense budget of the Medical Education Program as the number of medical residents in PEI continues to grow and the cost-of-living rises. Funding will ensure the program can meet current demand and anticipate future growth while aligning Health PEI's commitment to resident well-being and retention.

Physician Audit Services

- Funding to enter into a contract for physician audit services pilot project to audit a 12-month period and to support Health PEI in reviewing its audit program to determine future needs and recommendations.

BUILD A MORE CONNECTED HEALTH SYSTEM, INTEGRATING CARE AROUND ISLANDERS

Elimination of the Hybrid Record

LTC Information Management System (IMS) - InterRAI

- Funding to support the LTC IMS within public LTC homes, including staffing resources and licensing fees, and begin phase two implementation of the LTC IMS to private LTC homes.

Public Health and Children's Developmental Services Electronic Medical Record (EMR)

- Continue implementation of the Provincial EMR Solution for Public Health and Children's Developmental Services through capital and operational funding.

Behavioral Health Module

- Funding to continue the contract for the Behavioral Health Module within the Clinical Information System (CIS). The Behavioral Health Model will support MH&A inpatient services to optimize efficiency, reduce the potential for errors and ensure the continuity of care across the system.

Advance Capture Module

- Pilot for the Advance Capture Module in the CIS is underway to digitize out of province health records.

Remote Hosting Contract

- Funding to enter into a contract for remote hosting fees to increase the total number of concurrent logons/users in the CIS from 855 to 1,000.

Provincial Citizen and Community Provider Health Portal Solution

- Continue implementation of MyHealthPEI to support the provision of a patient centered, efficient and coordinated service leading to better patient outcomes as citizens become a part of the ownership of their personal health information.

Health RADNET Module

- Funding to enter into a contract for the RADNET Module within the CIS. RADNET will replace the existing Radiology Information System and allow a more seamless health record.

Home Care Information Management System

- Funding for the Master Services Agreement for the Home Care Information Management System.

Memorandum of Agreement for AI Scribe Pilot

- Funding for the AI Scribe pilot to assist physicians and NPs in primary care and pediatric settings with clinical documentation. It is expected that AI Scribe will reduce time needed for visit documentation and will complete documentation closer to real visit time.

HIGH QUALITY AND PERSON-CENTERED CARE

At the center of our work is our commitment to safe, high-quality care. Over the next year, we will continue to strengthen a culture of safety, continuous improvement and evidence-informed decision-making while fostering meaningful engagement of patients, families and caregivers as partners in the design, evaluation and continuous improvement of care and services.

As part of this work, we will focus on improving clinical and patient-related outcomes through the following priorities:

Quality Improvement

- Educate and coach health care leaders on roles and responsibilities in quality improvement processes and work planning.
- Update key Quality and Patient Safety Documents:
    - Health PEI Integrated Quality and Patient Safety Framework
    - *Health PEI Patient Safety and Environmental Incident Reporting and Management Policy*
    - *Health PEI Patient Safety Incident Quality Review and Quality Improvement Activity Policy*
    - *Health PEI Disclosure of Patient Safety Incidents Policy*
- Work in partnership with Health PEI programs and services to identify opportunities for system improvement with recommendations to support quality care and patient safety.
- Continue to deliver education and training to programs, services and Quality Improvement Teams (QITs) on the Plan-Study-Do-Act (PDSA) cycle and promote the use of the PDSA cycle as an approach to quality improvement.
- Continue to advance the deliverables of the Improvement Methods building block in the Organizational Excellence workstream.

Patient Safety

- Develop and implement an incident management toolkit and supporting resources for Health PEI staff and leaders.
- Develop and launch a disclosure toolkit for Health PEI staff and leaders.
- Design and launch a "Closing the Loop" campaign to improve incident management follow-up, strengthen engagement and demonstrate the impact of reported incidents on quality and safety improvements.
- Facilitate and lead reviews of serious, harmful patient safety incidents (Quality Reviews) and identify the need to complete a Quality Improvement Activity (QIA) and establish the same; identify areas for health care system improvement and recommendations for action from an incident.

Risk Management

- Advance Health PEI's Integrated Risk Management Program and development of a risk registry by completing organizational risk assessments for the seven identified organizational risks, evaluating the likelihood and potential impact of each risk and identifying mitigation strategies.
- Continue to evaluate and complete improvements to Health PEI's Provincial Safety Management System (PSMS) software to improve alignment with organizational structure, programs and improve end-user experience. This work includes:
    - Finalizing the plan for the major upgrade to the PSMS software in collaboration with IT Shared Services.
    - Purchasing a vendor-provided success plan to secure dedicated vendor support hours.
    - Leading the standardization of system-defined selection parameters within PSMS to support improved data integrity and reporting accuracy.
    - Standardizing system outputs, including alerts, dashboards and reports, to improve alignment with organizational reporting needs.

Accreditation 2026

- Continue to prepare and provide updates and communications on the accreditation process for Health PEI's upcoming 2026 and 2027 onsite accreditation survey visits (assessment of Health PEI on 25 sets of standards and 25 Required Organizational Practices [ROPs]).
- Continue to update accreditation resources for the organization (e.g., ROP and Did You Know information packages, educational presentations, toolkits, mock tracer tools).
- Continue to communicate the Fall 2025 Canadian Patient Safety Culture survey results and progress on the action plan.
- Provide support for programs, services and QITs on Accreditation Canada standards and ROPs including updates to QIT action plans and monitoring indicators from accreditation self-assessment survey results, review of standards and onsite survey results.
- Continue to work with the Leadership QIT and Health PEI Board of Directors to review Leadership and Governance Standards, onsite survey results and work plan development.
- Integrate Patient and Family Partners into Accreditation mock tracer activities to provide patient and family perspectives on care experiences, communication, care transitions and person-centered care practices.

Just Culture

- Promote Just Culture training and education for all Health PEI staff. Just Culture is a part of safety culture where people can speak up – questioning existing practices, share concerns and admit mistakes.
- Quality Patient Safety staff to continue to complete Just Culture Champions' and Managers' training and participate in other activities developed by the Just Culture leadership team to continue to adopt, practice and promote a Just Culture approach.

Person-Centered Care

Patient Experience

- Provide education to Health PEI leaders, staff and physicians on using a person centered approach.
- Work in partnership with Health PEI programs and services to identify opportunities for patient experience improvement using feedback and recommendations from patients and/or families.
- In collaboration with program and services leaders, streamline and standardize the survey process across Health PEI.
- In collaboration with the Communication's division, develop resources such as posters and pamphlets and communication campaigns related to person-centered care activities, patient, resident and public feedback and processes, the Patient Family Partner Program and patient navigation services.
- Establish a Health PEI Patient and Family Partner Council network to create strategic and operational alignment among existing Patient and Family Partner advisory groups, facilitate sharing of priorities and best practices, and strengthen patient and family engagement in organizational planning, quality improvement, patient safety, Accreditation and service redesign initiatives.

Patient Navigation

- Continue collaborating with program and service leaders to improve access to care.
- Provide education to Health PEI leaders, staff, physicians and the public on Health PEI navigation services and community resources.

Patient Relations

- Build and support an integrated, responsive and consistent approach to individual patient and family feedback within Health PEI programs and services.
- Strengthen mechanisms to track, trend and report patient and family feedback indicators to identify system improvements.
- Provide education and coaching to Health PEI leaders, managers, staff and physicians on the value of patient feedback and its role in supporting quality improvement, concern resolution and enhanced patient experience.

Ethics

- Clinical and Organizational Ethics: Continue to provide education and tabletop sessions to programs, services and QITs staff and leaders on the Ethics Framework to support an ethical culture within the organization.
- Research Ethics Board: Collaborate with leadership and UPEI's new Faculty of Medicine to support the growth of health research at Health PEI.

Infection Prevention and Control (IPAC)

- Develop and implement a provincial quality improvement action plan in all three IPAC QITs (LTC, Community and Acute Care) using PDSA cycles and sharing learning across sectors.
- Strengthen Infection Surveillance and Data Analytics by:
    - Implementing standardized surveillance indicators across Acute Care for surgical site infections rates, ventilator acquired pneumonia rates and C-difficile rates.
    - Establishing a provincial IPAC dashboard.
- Developing quarterly trend analysis and escalation processes.
- Develop and implement a province wide medical equipment cleaning and disinfection standard by:
    - Standardizing cleaning products and responsibilities.
    - Creating audit tools and conducting audits for the cleaning of high-touch surfaces and shared equipment.
    - Conduct a review of the disinfection and sterilization practices in community programs.
- Develop patient education resources and include patient and family perspectives in IPAC initiatives.

REPORTING

Performance Measurement and Reporting

Regular monitoring and reporting allows Health PEI to track progress, issues and where efforts and resources need to be refocused. Progress will be monitored and reported on through a Balanced Scorecard aligned with Health PEI's strategic priorities to provide a comprehensive lens to system performance monitoring and improvement. As the Balanced Scorecard is finalized, each KPI will include targets and will align across our strategic priorities providing a health system view. Appendix A outlines Health PEI KPIs and areas to be monitored.

PROGRAM REVIEW

In the 2026-27 fiscal year, Health PEI will be conducting a program review. This will be a structured, data-driven process to assess how our resources, people and infrastructure are being utilized and the extent to which they are delivering impact for Islanders. This work will provide a clear view of our strengths, opportunities and a path forward to ensure resources are aligned to highest-value care, while maintaining and improving health outcomes for Islanders. It is a critical step in ensuring we are aligned to our highest priorities and positioned for long term sustainability.

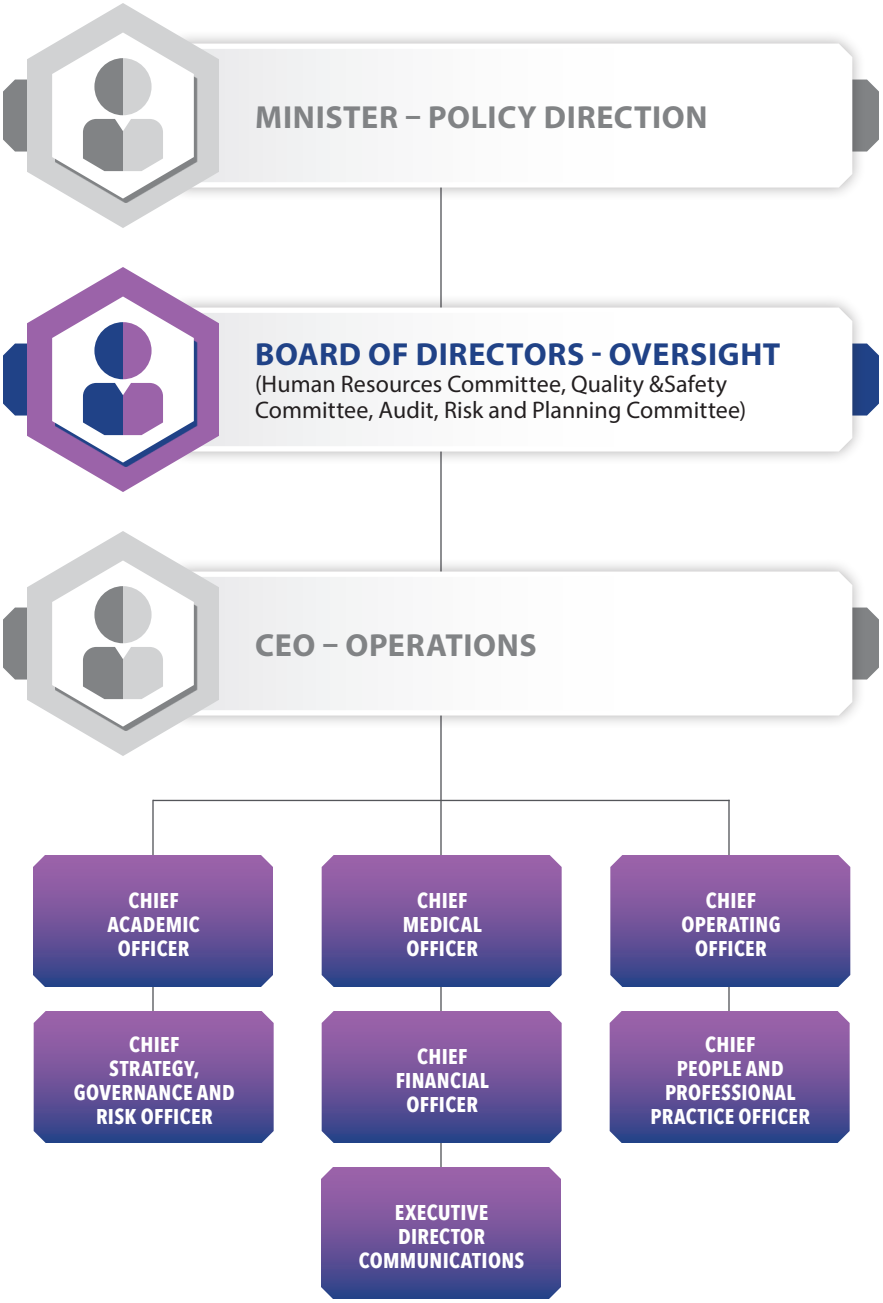
REFERENCES

1. Government of Prince Edward Island - 2026 PEI Budget Address: https://www.princeedwardisland.ca/en/information/finance-and-affordability/budget-address-2026
2. Government of Prince Edward Island - Capital Estimates 2026-2027: https://www.princeedwardisland.ca/sites/default/files/04d5/Fall%202025%20Capital%20Estimates.pdf
3. Department of Health and Wellness – 2023-2028 Provincial Health Plan: https://www.princeedwardisland.ca/en/publication/pei-provincial-health-plan-2023-2028
4. 2025-2028 Health PEI Strategic Plan https://www.princeedwardisland.ca/en/information/health-pei/health-pei-2025-2028-strategic-plan
5. Government of Prince Edward Island - Health Services Act: https://www.princeedwardisland.ca/sites/default/files/legislation/h-01-6-health_services_act.pdf
6. Government of Prince Edward Island - Financial Administration Act: https://www.princeedwardisland.ca/sites/default/files/legislation/f-09-financial_administration_act.pdf
7. Accreditation Canada QMentum – Leadership Standards (Effective May 2021)
8. Accreditation Canada QMentum – Governance Standards (Effective October 2022)
9. Canadian Patient Safety Institute and Health Services Organization, Canadian Quality and Patient Safety Framework for Health Services 2020: https://a-ca.storyblok.com/f/850807391887861/beda9f909b/cpsi-10001-cqps-framework-english-fa-online-final-ua.pdf

APPENDIX A – KEY PERFORMANCE INDICATORS

FOCUS AREA INDICATOR
Improving Access to Primary Care • Patient Affiliation
Reducing Wait Times for Diagnostic Imaging and Surgical Procedures • Hip and Knee Replacement Surgeries • Cataract Surgeries • CT Wait Times • MRI Wait Times • Ultrasound Wait Times
Quality and Patient Safety • Re-Admission Rates • Errors • Hospital Harm
Patient Access and Flow • Emergency Department Wait Times • Emergency Department Time Waiting In-Patient Bed (TWIB) • Acute Care LOS • Alternate Level of Care (ALC) Patient Service
Patient Experience • New Technology – MyHealthPEI Utilization • Patient Relations – TBD • Patient Experience – TBD
Stabilizing the Workforce • Filled Full-Time Equivalent (FTE) • Sick Time • Relief Hours
Improved Value and Financial Sustainability • Ratio of Management to Frontline Staff • Dependency on [Casual Staff or Agency Staff – TBD] • Overtime (OT) Hours • % ALC Days • Cost per Capita for Health Care (relative to other Canadian Jurisdictions)
Reducing Health Disparities • Community Health Needs Assessments Process initiation • Establishment of Baseline for Race and Ethnicity Data

APPENDIX B - ORGANIZATIONAL STRUCTURE



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