2024-2025 ANNUAL REPORT

Health PEI

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MESSAGE FROM HEALTH PEI'S BOARD CHAIR & CEO

On behalf of Health PEI's Board of Directors, Executive Leadership Team (ELT), staff, physicians and volunteers, we are pleased to present to the Minister of Health and Wellness and people of Prince Edward Island (PEI) the 2024-2025 Health PEI Annual Report. This report provides an overview of our actions and performance results linked to our strategic goals and priorities. This report includes Health PEI's financial overview and the audited financial statements for the year ending March 31, 2025.

This report highlights the depth and reach of our organization from what Islanders see every day at our different sites and facilities across the province to what happens behind the scenes to support our day-to-day operations. Throughout the report, support provided to our Island population including our vulnerable populations – children, seniors and equity seeking groups is described and often times includes collaborations with our different partners. Thank you to our partners who work alongside us every day.

Over the last year Health PEI achieved several system transformational milestones that reflect progress across recruitment and retention, access to primary care and reduced wait times for surgical and diagnostic imaging (DI) services. These accomplishments demonstrate the organization's ability to respond to emerging needs while laying the groundwork for continued transformation. Collaboration and investments from the Department of Health and Wellness (DHW) and alignment with the Government of PEI continue to support access to services, recruitment and retention of our health care team and to advance key innovations.

Our Health PEI team continues to demonstrate professionalism, caring and a commitment to excellence in care delivery across PEI. We would like to take this opportunity to thank our team who provide care to the people of PEI 24 hours a day, 365 days a year.

Respectfully Submitted,

Diane Griffin

Diane Griffin,
Board Chair

Melanie Fraser

Melanie Fraser,
Chief Executive Officer

INTRODUCTION

The 2024-2025 Annual Report outlines Health PEI's actions for the period of April 1, 2024 to March 31, 2025, in support of the following strategic goals:[1]

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

Key health system performance indicators identifying pressure points and areas of stability are 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]

The annual report is developed and communicated pursuant to Accreditation Canada's Qmentum Governance and Leadership Standards.[4,5] This report is also 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.

HEALTH PEI'S STRATEGIC DIRECTION

OUR MISSION:

DELIVERING HIGH-QUALITY, PERSON-CENTERED CARE TO EVERY ISLANDER

Health PEI exists to provide excellent health care to every Island resident and visitor. Our people are dedicated to this mission and work to provide care that is safe, reliable, effective and patient-centered.

OUR VISION:

A LEADING RURAL HEALTH-CARE SYSTEM, FOUNDED ON ROBUST PRIMARY CARE THAT IS ACCESSIBLE TO ALL

Working collaboratively across our organization with our patients (includes patients, clients and residents) and families, and with our communities as our partners, we will continue to innovate and build a robust rural system that delivers high-quality care.

OUR VALUES:

OUR VALUES SHAPE EVERYTHING WE DO AND GUIDE US TO BE AND DO BETTER EVERY DAY

1. **We demonstrate accountability.**
   We are collectively and individually responsible for achieving our vision, and we answer to all Islanders.
2. **We act with care.**
   We care for Islanders, for each other, and the quality, safety, and outcomes of our work and its impacts on individuals and communities.
3. **We work together.**
   We build trusting relationships to achieve common goals. Our patients come first. We listen to and involve patients, communities and staff in the services we deliver and the challenges we solve.
4. **We strive for excellence.**
   We hold ourselves to national standards, measure and report transparently, and continually learn and improve. We accept feedback, sharing our progress and our shortfalls.

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. The 2023-2028 Provincial Health Plan[7] established by the Minister of Health and Wellness outlines the health services to be provided or made available in the province and the health facilities operated by Health PEI. The plan includes goals, objectives and priorities for the provision of health services on PEI. Treasury Board oversees the financial administration of Health PEI.

As per the *Health Services Act*, the Health PEI Board of Directors is accountable to the Minister for the management and control of Health PEI. The Board is connected to the organization through Health PEI's Chief Executive Officer (CEO). Appendix A includes the Health PEI organizational chart.

Health PEI offers health services across PEI and facilitates access to care through partnerships with other provinces including the Atlantic Provinces.

Health PEI at a Glance

OUR PEOPLE

- 7,374 Employees (Permanent, Casual and Temporary employees and salaried physicians)
- 274 Physicians
- 81 Nurse Practitioners
- 375+ Professional Groups (including nursing, allied health, administrative, support services – housekeeping, food services, maintenance)
- Over 900 volunteers

OUR BUDGET

- **$1.1 Billion**
  - Community Health and Seniors Care: $318 M
  - Corporate Services: $49 M*
  - Finance $12 M
  - Hospital Services $345 M
  - Medical Affairs $267 M
  - Mental Health & Addictions $78 M
  - Professional Practice & Nursing Office $5 M
- **How much is spent on staff vs equipment vs technology or capital?**
  - Salaries and benefits $807 M
  - Capital/Equipment expenses $14 M
  - Operating Expenses: $254 M

OUR SERVICES

- 95 K+ Emergency Department Visits
- 12 K Surgical Procedures
- 177 K Diagnostic Imaging Tests Completed
- 3 M Laboratory Tests Ordered
- 5.7 K Home Care Clients
- 379 K Primary Care Visits
- 3.4 K Out of Province Referrals

* Corporate Services includes Office of the CEO, corporate communications, academics office, medical residency program, transformation and strategy, legal services, policy, planning and evaluation, emergency management, business continuity, Board operations, human resources, Health Informatics, Interoperative Electronic Health Record.

Additional details can be found in the Health PEI by the Numbers section on page 49.

SYSTEM TRANSFORMATION

To support Health PEI in keeping pace with change and bringing the organization closer to excellence in the delivery of health care, Health PEI launched a Transformation Office in 2024-2025.

The vision of transformation at Health PEI is to support and empower our dedicated health workers while building capacity within our health system. Through these efforts, we aim to refocus on our core priorities, drive meaningful system transformation and create a resilient, efficient and innovative health care environment that benefits both our committed professionals and the patients and clients they serve.

Over the last year the team made great strides in leading change and building system efficiencies and capacity.

People

The Transformation Office supported significant workforce growth across the health system in 2024-25. Strategic hiring initiatives expanded the pool of physicians, nurses, allied health and support staff, reinforcing Health PEI's commitment to building a strong, sustainable health care workforce.

Health Workforce Expansion:

- Merging of recruitment teams from Health PEI and the DHW to form a unified Workforce Recruitment Team under the Health PEI Human Resources (HR) division.
- Finalized 2025 recruitment targets for physicians, nursing, allied health and support roles.
- 41 physicians hired in 2024 calendar year.
- 28 physicians hired in 2025 calendar year to date:
    - Target of 60 by end of 2025 calendar year.
- 1,277 new hires (excluding physicians) for Health PEI in 2024-25 fiscal year (FY).
- 13 new Nurse Practitioners (NPs) hired for Health PEI in 2024-25 FY.

Quality and Safety

Efforts to improve quality and safety focused on reducing wait times, increasing surgical capacity and optimizing diagnostic services. Investments in staffing and process improvements led to measurable gains in timely, patient-centered care delivery.

Surgical Improvements:

- Implementation of new procedures for Operating Room (OR) bookings.
- In Quarter 1 (Q1) of FY 2025-2026, we performed 22% more hip and knee replacements compared to the same period last year.
- Health PEI has completed 3,330 cataract surgeries from January – July 2025, which is nearly double from the same period in 2024.

DI Wait Times:

Computed Tomography (CT) and Ultrasound:

- CT and ultrasound volumes have increased due to ongoing efforts to build capacity including increased staffing and system efficiency.
- The number of CTs completed in Q2 FY 2025-2026 increased by 10.2% vs. Q2 in FY 2024-2025.
- The number of ultrasounds completed in Q2 FY 2025-2026 increased by 18.8% vs. Q2 in FY 2024-2025.

Magnetic Resonance Imaging (MRI) Wait Times:

- MRI wait times are improving for all priority levels. 90TH percentile (maximum time 90% of patients waited) wait time improvements for FY 2025-2026 Q2 vs. FY 2024-2025 Q2:
  - Urgent (target 14 days): 29 days vs. 40 days
  - Semi-urgent (target 28 days): 174 days vs. 377 days
  - Non-urgent (target 84 days): 669 days vs. 742 days
  - Progress is being made to work through the backlog, wait times may go up for a period of time as we process our longest waiting patients.

Access and Coordination

Improving access and flow was a major focus, resulting in shorter emergency department (ED) wait times, better discharge rates and expanded access to primary care. System coordination efforts also supported PMH optimization, increased patient affiliation and reduced reliance on hallway medicine.

Patient Affiliation:

- As of March 31, 2025, there are 37,331 unaffiliated Islanders registered. 5,450 patients were affiliated in 2024, with an additional 2,554 affiliated between January 1 and March 31, 2025, bringing the total to 8,004.
- A verification process was completed to ensure all patients on the Provincial Patient Registry are eligible for affiliation. This improved data accuracy and reduced the time to assign a patient to a provider from 2-3 weeks to 2-3 days.
- The Panel Maintenance Program was implemented to reconcile affiliated patients by provider on a monthly basis using data from the Provincial Electronic Medical Record (EMR), billing, the Provincial Patient Registry and Medigent.
- A modernized Provincial Patient Registry was introduced, enabling automated eligibility validation for new applicants. This eliminated manual data entry and reduced the defect rate from 34% to under 5%.

Patient Medical Homes (PMHs):

PMH Expansion:

- The PMH Operating Model and Playbook was developed and adopted to guide the consistent set-up, staffing, design and launch of new sites. The model outlines how PMHs are structured, how care teams work together and the types of services patients can expect. The model and playbook were informed by stakeholder input.
- The PMH Provincial Plan was finalized for connecting 50,000 Islanders to a primary care provider by 2027. It outlines the number and location of new PMHs, required health professionals and infrastructure needs based on growth projections.
- A PMH Maturity Assessment Tool was implemented at all active sites to identify strengths, areas for improvement and opportunities for growth. Results inform system planning and help tailor solutions to each clinic's needs.
- Significant progress was made on the construction and planning of PEI's flagship PMH at the University of Prince Edward Island (UPEI). Site design, capital planning and implementation preparations are well underway. This PMH will serve as a future hub for interprofessional care and clinical learning, supporting the new medical school and long-term recruitment and retention efforts.

Quality Improvement (QI):

- All PMHs engage in regular QI activities (QIAs) focused on enhancing patient access, care quality and team collaboration. Each PMH tailors QIAs to their home and team. These efforts ensure every team member is supported to work to their full potential in delivering care.

Recruitment:

- Ongoing recruitment efforts for all staff groups to stabilize the workforce and create more opportunities for full-time and permanent employment.
- Continued recruitment of Longitudinal Family Medicine (LFM) Specialists and NPs into the system.
- Team-based care was expanded by integrating allied health professionals and nursing including licensed practical nurses (LPNs), dietitians and physiotherapists into PMH teams, ensuring patients receive care from the right provider at the right time.

Monitoring and Reporting:

- Data-driven decision-making was strengthened using PMH Trackers, Dashboards and Maturity Assessments. These tools help Health PEI track progress, identify workforce and space needs and prioritize action based on real-time data across all PMHs.

Emergency and Inpatient Flow:

- There was a 28% reduction in ED wait times for inpatient beds (from more than 29 hours) in Q3 FY 2024-2025 vs. Q1 FY 2025-2026.
- As of July 2024, to the present day, there were no bed closures due to understaffing.
- Home discharges at Prince County Hospital (PCH) increased by 31% between January and April 2025.
- Introduced visual flow tools on inpatient units at both PCH and Queen Elizabeth Hospital (QEH).
- Revitalized discharge planning rounds on units at PCH and QEH to proactively address discharge barriers and reduce hospital length of stay with plans to expand to other hospitals.

Innovation and Efficiency

System Transformation - Health PEI created a Transformation Office to help improve care and keep up with change. This small, expert team works quietly behind the scenes to solve tough problems, track progress and share insights that help the whole system improve. They're the system's troubleshooters and problem-solvers, supporting health professionals so they can stay focused on patients. Their work helps build a stronger, smarter health care system for everyone.

Structural and Process Improvements:

- Transformation Office created to focus resources and alignment.
- Recruitment process for physicians streamlined from 49 steps to 11.
- Established centralized Health PEI recruitment team.
- Supported development of Executive and Workstream Initiative Dashboards.

Digital and System Level Innovation:

- Introduced a modernized Provincial Patient Registry with an enterprise customer relationship management (CRM) platform with automated validation and registrant outreach features.
- Introduced Operational Excellence framework to align performance with system goals.

PROFILE:
SUE DOUCETTE
WORKING TOGETHER IN PALLIATIVE CARE

"I don't do the work I do for any type of recognition," said Susan (Sue) Doucette, Provincial Palliative Home Care Clinical Development Coordinator and recent recipient of the King Charles III medal. "My home-based care team, our Island hospices, and everyone who provides and supports hospice and palliative care across PEI have been an integral part of all the work I do."

Sue's role takes place in many areas of care, including the Provincial Palliative Care Centre, the Provincial Geriatrics Program, and Provincial Home Care.

"I was asked by the Canadian Hospice Palliative Care Association (CHPCA) who we could nominate on PEI as a recipient for the King Charles III Medal," said Nancymarie Arsenault, Executive Director of Hospice PEI. "I could not think of a more deserving person to nominate than Sue. She intersects both hospice services and palliative care on PEI."

The Provincial Palliative Care Program and Hospice PEI work side-by-side with patients and their families. This work happens in hospital and the patient's home. Sue saw people needing palliative care early in her career as a visiting nurse before becoming a palliative care coordinator in 2015.

"It was not something I ever thought I would do," she said. "But you mature a little, you have to gain that self-awareness and know where you stand. I knew I had a passion for it not long after I started in home care. So, I worked to get my certification before even applying for the job."

Sue feels that there are still great strides to be made in understanding all that palliative care encompasses.

"If this helps to spread the message, that the palliative care program is really about people, improving their quality of life, including their family, and not just treating the disease but looking at the person, mentally, socially, and spiritually, everything together. That's my hope."

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

HIGHLIGHTS

This section highlights progress in implementing the HR People Strategy[8] to advance our strategic goals. It summarizes key initiatives led by HR in areas such as culture and engagement, occupational health and wellness, talent management and labour relations. It also includes contributions from NP Leadership and Professional Practice, along with updates from Health PEI operations on frontline recruitment and support efforts during the 2024–25 fiscal year.

NPs – Leading Community Based Care: *NPs are central to PEI's community-based care, especially in rural areas—diagnosing, treating, prescribing and leading interdisciplinary teams across all ages and needs. Their growing leadership role has improved access and reduced ED visits, with high patient satisfaction and expanded authority, including admitting and discharging from acute care, while also shaping health system policy and transformation.*

HUMAN RESOURCES

The HR People Strategy outlined key pillars that were 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. With the launch of the new strategic plan, Health PEI will envision a new People Strategy.

Organizational Culture and Engagement

Employee Engagement:

- Broad communication of survey results and action planning work across the health system through employee engagement action planning committees to address feedback from the Health PEI 2023 Pulse Employee Engagement Survey.
- Co-led the development of the Employee Value Proposition.

Organizational Culture:

- Continued implementation of the Just Culture Program, including achieving accreditation of the program for Physician Continuing Medical Education (CME). Just Culture is a key part of a safety culture where people can speak up – questioning existing practices, share concerns and admit mistakes without ridicule or punishment.
- Recruitment and onboarding of a four-person Learning and Development team at Health PEI.
- Provided Health PEI leaders with resources and support around change management, developing employees and providing feedback, and leading people and teams through access to Harvard ManageMentor, an online learning platform.
- Launched the Art of Connection and Building Trust for High Performing Teams workshops.
- Delivery of Managing Across Cultures workshops by Immigrants and Refugees Services Associations (IRSA) PEI, providing training to Health PEI Leaders to better navigate cross-cultural challenges, promote inclusivity and foster increasingly diverse teams.

Occupational Health, Safety and Wellness

Occupational Health:

- Launch of the *Health PEI Critical Incident Support Policy* and Program.
- Launch of the *Health PEI High Risk Behaviour Alert Policy*, and continued initiatives that support the *Health PEI Violence Prevention Policy* and Program.
- Continued provision of MindBeacon Internet-Based Cognitive Behavioural Therapy (iCBT) and other wellness supports for staff.

Employee Health Nursing:

- Implementation of a 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:

- Implementation of Employee Abilities Consultants including collaborations with Employee Abilities Consultants and Musculoskeletal Injury Prevention (MSIP) Consultants regarding ergonomic assessments, job demands analysis and accommodations to support timely return to work and accommodation matching.
- Implementation of *Health PEI Employee Abilities, Return to Work and Accommodation of Employees with Disabilities Policy* and Program Guide with standardized Return to Work Forms.

Musculoskeletal Injury Prevention (MSIP):

- Implementation of the *Health PEI Bariatric Care Policy* with a standardized referral process to the MSIP team for all divisions of the organization to ensure timely support of staff working with patients with bariatric needs.
- Hiring of Health PEI's first Kinesiologist to the MSIP team.

Safety:

- Design consultation on all Health PEI new builds and renovation projects for safety and violence prevention.

Security and Violence Prevention:

- Implementation of a process to follow up on all workplace violence incidents submitted on the Provincial Safety Management System (PSMS), which includes investigations, staff support and recommendations for preventative measures.
- Completion of Environmental Violence Risk Assessments (EVRAs) at the highest risk Health PEI facilities and sites based on reports of incidents of violence and are actively working on implementing recommendations.

Workforce Recruitment – Talent Management

Workforce Recruitment Team:

- Successfully restructured in 2024-25, filling 90 percent of its positions and significantly strengthening its capacity to attract top talent.
- Represented Health PEI at multiple health care recruitment events and conferences across North America to broaden its recruitment reach.
- Initiated the development and implementation of key operational resources – including playbooks, detailed workflows, RACI (Responsible, Accountable, Consulted, Informed) charts, and departmental guides – to streamline and standardize processes.

Internationally Educated Nurses (IEN) Recruitment Program:

- Continued refinement of IEN recruitment and integration pathways including different steps around recruitment, communication, program standards, onboarding and retention.

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

- International Union of Operating Engineers (IUOE) Collective Bargaining Completed - A four-year agreement (2022-26) was negotiated, delivering 12.25% in general wage increases, modernized premiums, new retention incentives and expanded post-retirement eligibility.
- Union of Public Sector Employees (UPSE) Collective Bargaining Completed - A three-year agreement (2023-26) was negotiated, delivering 10.25% in general wage increases, a 9.2% LPN wage adjustment with reclassification, enhanced premiums, a Full-Time Commitment Pay pilot, and an LPN Mentorship Program.
- Laboratory Services Labour Market Adjustment (LMA) Implemented – A 15% LMA was implemented effective January 1, 2025, to address persistent recruitment challenges and align lab compensation with national comparators.
- Classification Modernization – Progressed multi-year classification reviews for Registered Nurses (RNs) (consolidated 85 Position Questionnaires into eight groupings) and Social Workers (consolidated from eight to five levels).
- Memorandums of Agreement (MOAs) to Stabilize High-Vacancy Units – Extended Critical Care and 24/7 Bed-Based Care for Prince Edward Island Nurses Union (PEINU), IUOE and UPSE to March 31, 2025. These MOAs provided up to 50% shift premiums and physician on-call retainers, contributing to improved shift coverage and service stability in high-risk units.
- New Clinician Therapist Stream (UPSE) - A new level 19 Clinician Therapist role was created under an MOA with UPSE, expanding recruitment eligibility to counselling therapists and psychologists in Mental Health and Addiction (MHA) services.
- Workplace Investigation Capacity Strengthened - Internal investigation training for HR Managers and Coordinators was completed ahead of legislative changes to Occupational Health & Safety requirements effective January 1, 2025.
- Implemented the Flexible Hiring Initiative in March 2025 to support the ongoing commitment to providing quality and safe care and stabilize the health workforce. This initiative provided opportunities to increase full-time equivalent guarantees and fill vacancies. Standard hiring processes were followed with positions being made available across the province in various areas and professions.

NURSE PRACTITIONERS

NP Role Integration and Implementation:

- Integrated collaboration and connection within Primary Care operations to support the integration of the NP role within Primary Care and the PMH model.
- Supported and collaborated with operational and system leaders for the creation of several new specialty NP roles – including but not limited to:
  - Rheumatology
  - Emergency Department Decanting
  - Internal Medicine
  - Provincial Pain Services
- Further roll out and awareness of NP mentorship program with addition of structured orientation and professional development resources for NPs and operational leaders.

NP Engagement:

- NP Council and Communities of Practice further developed.
  - Provincial NP Council provides space for NPs to be involved in and consulted with for policy development and strategic planning.
  - Communities of Practice meet three times yearly and provides a space for leadership development.
- NP Townhalls Established.
  - NP Townhalls held monthly in support of and driven by the interest and engagement of NPs. Foundationally structured to fit within the pillars of advanced Practice Nursing, these townhalls see significant engagement from NPs across the health system.

NP Role Stabilization:

- Collaboratively working with PEINU partners to support the role of the NP within Health PEI.
- National, regional and local work in connection with the Recruitment and Retention team specifically focused on contextual factors for recruiting NPs.
- Facilitating and supporting NP student placements with front line NPs, while liaising with numerous educational institutions.
- Creating national, regional and local connections to support the advancement and growth of the NP role within Health PEI, with a significant focus on engagement and collaboration with health system governmental partners.

PROFESSIONAL PRACTICE - DEVELOPMENT AND SUPPORTS

- Realignment of LTC clinical resource nurses to increase standardization of clinical education and improve evidence-based practice integration in public LTC homes.
- Provided enhanced education in core competencies for the nursing staff in LTC through workshops and training the trainer strategies to maximize scope of practice.
- Development of a strong collaborative relationship with the UPEI Faculty of Medicine and the Clinical Learning and Simulation Center (CLSC) to build and deliver simulation education to Health PEI clinical teams. This new model for education will prepare learners and enhance teaching tools and abilities to prepare for a future state in practice support for clinical teams.
- Continued work across divisions and departments to standardize provincial, Health PEI nursing and multi-disciplinary policies, Health PEI Protocols, protocol documents and practice standards.
- Coordinate and support through policy and communities of practice to implement Registered Nursing Authorized Prescribing scope within initial practice settings.
- Ongoing and increased support for new nursing graduates (LPN and RN) and IENs through the Transition to Practice and Nursing Mentorship Program.
- Developing a Nursing Residency Program to frame current resources/initiatives and add additional support for new graduate nurses and IENs in their first year of practice.
- Provided support for the Critical Care Task Force by leading the Levels of Care Working Team to complete the objectives and deliverables set out by the Task Force.

MEDICAL EDUCATION

- In Spring 2024, Health PEI established the Office of Academics and announced its inaugural Chief Academic Officer. This important milestone signified Health PEI's commitment to supporting the growth of medical education in the province in preparation for the opening of the Memorial University of Newfoundland (MUN) Faculty of Medicine – Regional Campus at UPEI in August 2025.
- Enhancements are underway to add space for learners in our facilities including:
    - A new home for Medical Education at the QEH including a lounge, dedicated on-call facilities, a classroom and study space will open in July 2025.
    - Additionally, guidance has been co-developed with partners in Facilities and Capital Planning and the MUN Faculty of Medicine – Regional Campus at UPEI on a ratio of exam rooms and workstations to accommodate learners in PMHs.

OPERATIONS

The staffing highlights in the following sections provide examples of staff hiring that took place over the last fiscal year across Health PEI sites, programs and services.

Mental Health and Addictions

Orientation & Onboarding:

- Provided specialized onboarding for 152 staff representing 13 different disciplines over 2024-25.

Registered Psychiatric Nurses (RPNs):

- MHA, in conjunction with an Atlantic Canada working group, successfully introduced RPNs to the workforce. These positions have a specialty focus on psychosocial, mental and emotional health across all stages of life.
    - Health PEI welcomed the first RPN to the Crisis Response Team at PCH.

Provincial Laboratory Services

- The addition of a new Pathologist/Department Head and a second Clinical Chemist.
- Completed position questionnaire reviews of all laboratory positions from director level down. Project involved staff, managers, HR and the union.
- Creation of new Phlebotomy Tech position with theoretical requirements and practicum assessments developed.

Queen Elizabeth Hospital

Emergency Department (ED):

- To support the ED, additional resources were added including:
    - 4.0 FTE Patient Care Workers (PCWs), 2.0 FTE LPNs, 2.0 FTE patient flow discharge planners (temporary trial), a clerk 5 office administrator, clerk 7 scheduler, clinical pharmacist and orderly.

Intensive Care Unit (ICU)/Progressive Care Unit (PCU):

- Increased simulation training in massive blood transfusion, temporary pacing wires, pulmonary embolism and tension pneumothorax.
- Provision of monthly critical care series (in-person and virtual).
- Developed a video to share with nursing units on filling out Code record.
- To support the unit, additional resources were added including:
    - Two full-time flex positions, one ward clerk position, one new NP to start in July 2025.

Orthopedics/Oncology/Burns/Cardiac-PCU:

- Establishment of an education board, which is updated every 4 months, covering various topics such as palliative management, ortho procedures and oncologic emergencies.
- Reduced utilization of travel nurses from 16 to 8.
- Addition of 16 new staff:
    - 11 RNs, 2 LPNs, 3 PCWs

Medical Surgical:

Hired a new manager for the unit.

Obstetrics/Gynecology:

Addition of a second Neonatologist.

Pediatrics:

Hired a new clinical educator.

Medical/Provincial Stroke Unit:

- Hired a practice champion to support new nurses and IENs.
- Provided preceptorship for the Transition to Registered Nursing in Canada (TRNC) program.

Surgical Suite:

- 10 full-time staff received training in Perioperative Care.
- Supported 1 internationally trained RN, currently working as an LPN, in receiving 500 hours of training in the department in order to receive their RN classification and license with the College of Registered Nurses and Midwives of Prince Edward Island (CRNMPEI).
- Hired 9 new nurses (including 4 new graduates and 5 IENs) in the OR since the fall of 2024.

Cancer Treatment Centre:

- Reviewing staffing models to support shortage of Oncologists in the system.
- Facilitated meetings to improve staff culture and engagement.

Ambulatory Care Centre, Special Testing Services, Respiratory Therapy and Internal Medicine Clinics:

- Stabilization of respiratory therapist complement.
- Addition of added staff to Internal Medicine Clinic to improve support for physicians.
- Developing a shared clerical staff model between ambulatory care and special testing.

Patient Flow and Discharge Planning:

- Permanent full-time Provincial Bed Flow Coordinator position filled.
- Perioperative care training provided to 10 full-time staff.

Prince County Hospital

ICU:

- Successful hiring of clinical staff to support the gradual ramp-up to the reopening of the ICU in 2025.

Maternal Child Care Unit (MCCU):

- Addition of a new Pediatric Ambulatory Care RN position, which has enhanced the ability to provide dedicated non-emergent care to pediatric patients.
- Increased frequency of simulations for MCCU staff, to keep their skills current with standards and best practices.

Surgical Unit:

- Stabilized both nursing and clerical staff to maintain operations.

Medical Unit:

- Delivered four educational sessions in partnership with HR on creating behavioural norms and strategies for effective communication.
- Stabilized staffing model for the unit, allowing all beds to remain open and created overcapacity beds to support the PUSH protocol.

Other:

- Development of a standardized Nursing Orientation Road Map (NORM) by educators on each unit.
- The nursing department launched a quarterly PCH Violence Prevention Newsletter that contains stats, training and education material and a FAQ section.

Support Services:

- Addition of new bio-medical staff to further support Prince County clinics, offices and PMHs.
- Ongoing development of a new Learning and Innovation Centre, a partnership between the provincial government, UPEI and PCH Foundation, which will help develop space for medical learners and a new PMH to support expanded access to care in Prince County.

Facility Health and Safety

- Community Hospitals East actioned the Kings County Memorial Hospital (KCMH) Asbestos Abatement plan for implementation to safely remove asbestos containing materials to support safe maintenance and upcoming renovation work.
- PCH Emergency Management hosted multiple staff fire extinguisher training sessions with Summerside Fire Department.
- Implementing a new security contract for the Commissionaires for all of Health PEI

Community Health and Seniors Care

LTC:

- Two new Directors of Support Services hired.
- LTC homes continue to welcome new staff and international graduates as a means of stabilizing its workforce.
- The Wildly Important Goals (WIGs) strategy was implemented to reduce overall vacancies by 15%. Key initiatives included dementia care training for Clinical Resource Nurses (CRNs) and RNs, with rollout to other staff underway, and Provincial EMR implementation with a second rollout planned for fall 2025.
- The Change the Narrative initiative promoted LTC as a dynamic and challenging place to work and strengthened partnerships with the education system.

Community Specialty Services

Provincial Renal Program:

- Secured three full-time permanent RN leadership positions to enhance frontline support and ensure high-quality patient care.

Sexual Health Options and Reproductive Services (SHORS):

- Recruitment of an additional full-time NP, 2 full-time LPNs and an additional medical secretary.
- SHORS social worker presents 'mental health moment' as standing agenda item at monthly staff meetings in an effort to support staff wellness.

Obstetrics and Gynecology - Charlottetown Clinic:

- Achieved 100% of staff recruitment including site leadership, nursing and administrative support roles.
- Improved communications through establishment of a monthly staff newsletter highlighting achievements and updates.

Public Health and Children's Developmental Services

Children with Complex Needs:

- Received approval for two dedicated care coordinator positions to provide enhanced support to families, while simultaneously allowing clinicians to work to their full scope of practice. This is anticipated to be operationalized in late 2025.

Community Nutrition/School Therapy and School Age Occupational Therapy (STOT)/ School Age Physiotherapy Services

- Additional dieticians were added to the Provincial Community Nutrition Program to decrease Public Health Dietician Services waitlist.
- A clinical dietitian coordinator will be added to the program to help coordinate services and education.
- Preschool OT and physiotherapy services were also increased to help meet the needs of this vulnerable population. Many of the new positions have already started and are having a positive impact on wait times.

PROFILE:
COLLEEN PARKER
MAKING A DIFFERENCE FOR ISLANDERS

"I aspire to be a lifelong learner and to make a difference in the lives of Islanders," said Colleen Parker, Western Chair of the Community Health Engagement Committee (CHEC).

The role of the CHEC is to informally gather information and considerations from the public about the health needs of the community. It provides feedback related to health policy to the Minister of Health and Wellness, the Health PEI Board of Directors, and the Health PEI CEO.

"I've been involved in several boards and committees, locally, provincially and nationally, during my career. Joining the CHEC felt natural to me," said Colleen.

Colleen, who lives in the Alberton area, has served as the Western Chair of the CHEC since 2016.

"I have always had an interest in health, and I enjoy a challenge. I saw that they were looking for committee members for the CHEC, so I applied through Engage PEI, and I was selected from there."

Colleen comes from a varied background, including health promotion, community development and public service.

"I began my career in the Provincial Children's Dental Care Program and some time with Health and Social Services. I became coordinator of the Canada Prenatal Nutrition program where I developed programs for pregnant and new moms in West Prince," she said.

Through her work she helped create the Teen Parent Support Group at Westisle, Healthy Baby Club, Community Kitchens, Home Visiting, Breastfeeding support, and taught cooking classes for new moms. Another highlight in her career was facilitating the Roots of Empathy Program in various elementary schools.

Since 2014, Colleen has been the executive director of the Rev. W. J. Phillips Residence – a 46-bed community care facility in Alberton.

When reflecting on what she is looking to accomplish during her time with the CHEC, Colleen is optimistic. "My hope is that we are able to gather information from the community that may not otherwise make its way to the board level, and to give a voice to the concerns in our community with respect to healthcare, and ultimately effect change."

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

This section outlines key actions supporting patient safety and quality improvement, including preparations for the 2026 Accreditation Survey and collaborations with Health PEI's Quality Improvement Teams (QITs). It also highlights efforts to foster a person-centered care environment guided by patient and family voices.

Indigenous Health: *Home care for First Nations communities on PEI is deeply cultural, allowing Elders to stay connected to language, land and traditions while receiving care in a respectful, spiritually supportive environment. Health PEI partners with the communities Abegweit First Nation and the Lennox Island First Nation to deliver culturally safe, community-rooted care, guided by trust and collaboration, ensuring services reflect Indigenous wellness perspectives and support aging in place with dignity.*

ACCREDITATION

- Continue to lead Health PEI's planning and preparation for the next Accreditation Canada onsite survey visit scheduled for June 2026.
- Provided ongoing education and updates to various committees, programs and services on the accreditation process and survey activities.
- Organized and launched 23 self-assessment surveys of Accreditation Canada standards (February-March 2025) for a total of over 1,500 survey responses.
- Assisted Health PEI Board of Directors with preparing for accreditation, reviewing Governance standards and completing the Governing Body Assessment survey.
- Continued to work with the Leadership QIT to review Leadership standards and work plan development.
- Provided monthly Accreditation updates to the 24 QITs and Provincial Required Organizational Practices (ROPs) Working Groups.
- Assisted 24 QITs and ROP Working Groups in developing actionable work plans to address gaps in compliance with standards or identified areas of service improvement.
- Supported the ongoing work towards implementing 86 items from the new Healthcare Emergency and Disaster Management accreditation standards for June 2026.
- Provincial Laboratory Services completed Accreditation Canada self-assessments for Point of Care (POC), Laboratory and Blood Transfusion Services standards. Working groups have been developed and implemented to review results and action any outstanding issues brought forward from the surveys.

QUALITY IMPROVEMENT (QI)

- Continued to review Health PEI's QIT structure to promote and support program-based QI initiatives and identify opportunities for ongoing collaboration and communication.
- Developed two provincial working groups focusing on Accreditation Canada's ROPs for Fall Prevention and Injury Reduction and Suicide Prevention Program.
- Hosted the Health PEI Quality and Patient Safety Learning Exchange in May 2024 with over 150 people in attendance and October 2024 with 80 people in attendance. The Learning Exchange is a half-day biannual event which brings together staff, physicians, leadership, Health PEI Board Members and community partners to network and learn about QI and patient safety initiatives within Health PEI.

RISK MANAGEMENT AND PATIENT SAFETY

- Established and staffed two new positions to support Health PEI's incident reporting system, the Provincial Safety Management System (PSMS), the PSMS and Research Ethics Board (REB) System Manager and PSMS Solution Support Specialist.
- Continued to evaluate and complete changes to the PSMS to improve alignment with organizational structure, programs and improve end-user experience.
- Quality and Patient Safety (QPS) staff provided education to 123 health care leaders on their role in incident management.
- QPS staff continued to meet regularly with unit/department managers to coach/support incident management, patient safety incident disclosure and promote a Just Culture.
- QPS staff provided 147 new Health PEI staff with in-person orientation to QPS.
- Developed and completed Patient Safety Walks across acute care units and LTC sites with a focus on improving patient and environmental safety.
- Developed and distributed two Safer Practice Notices titled: *Client Identification and Blood Transfusions* and *Power PICC Solo Catheter Fractures*. Safer Practice Notices are issued by the QPS division to communicate recommended changes as a result of events that have been reported and investigated through the PSMS.
- Recognized 2024 Canadian Patient Safety Week by organizing various activities, including circulating daily all staff emails with patient safety questions and other relevant information, and honouring 10 Health PEI staff who were nominated by their peers to be a Health PEI Patient Safety Champion. A total of 33 staff were nominated.
- QPS staff continue to monitor the completion of QIA/Quality Review (QR) recommendations. Developed a Teams channel where the appropriate executive director and QPS staff have access to a shared spreadsheet to monitor progress on recommendations.
- Continued to manage numerous patient safety incidents, human rights claims, statement of claims, investigations by the Child and Youth Advocate and Ombudsperson Office.
- Continue to manage contract renewals with 56 educational institutions for student placements within Health PEI.

JUST CULTURE

- Continue to partner with HR to support and promote Just Culture training and education for all Health PEI staff.
- QPS staff completed Just Culture Manager and Just Culture Champion training sessions to continue to adopt, practice and promote a Just Culture approach.

ETHICS

Health PEI Clinical and Organizational Ethics Committee:

- As part of 2024 National Ethics Week in November, Health PEI's Clinical and Organizational Ethics Committee hosted a virtual education session entitled Moral Distress, Resilience and the Health System: Ethical Reflections. The session was facilitated by a bioethicist from the Nova Scotia Health Ethics Network and over 90 participants were in attendance.
- Hosted 6 education sessions on the Health PEI Ethical Decision-Making Framework and tabletop exercises to the Health PEI's Board of Directors, Patient and Family Partners Advisory Committee and other sessions in various program and service areas.
- The committee received 4 ethics consultations throughout the fiscal year.

PEI Research Ethics Board (PEI REB):

- The PEI REB reviews all human health research within Health PEI's jurisdiction. In 2024-2025 there were 75 active files including 7 clinical trials and 68 minimal risk submissions.
- The REB is collaborating with the new UPEI Faculty of Medicine.
- Continued 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.

INFECTION PREVENTION AND CONTROL (IPAC)

- Developed a standardized resource to ensure all programs and services are tracking hand hygiene education compliance in the same manner. Implemented in LTC, community-based programs and in Fall 2025 acute care.
- 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.

PATIENT EXPERIENCE/PATIENT RELATIONS

Provincial Navigation:

- The Provincial Patient Navigator continues to field a large volume of inquiries from the public. The Provincial Patient Navigator has seen an increase in the volume of calls and emails by 64% in the last fiscal year.
- Public presentations on Health System Navigation were provided to support and increase people's understanding about the various programs and services offered by Health PEI. Presentations focused on how to access programs and services and information on accessing and sharing helpful resources.

Health PEI Patient and Family Partner (PFP) Program:

- Participation of PFPs on committees
    - Health PEI PFPs have participated in/are members of 35 Health PEI committees, working groups and focus groups.
- Orientation of PFPs
    - In October 2024, a new PFP orientation was implemented. An annual orientation session, co-developed and co-led by PFPs and staff, is now provided for new and existing PFPs.
    - Updates were made to the PFP application process to be more user-friendly for applicants and easier for Health PEI staff to include PFPs on committees.
- Development of a work plan for PFPs
    - A work plan was developed in December 2024, and an action plan is being created to enhance the PFP program. Areas of focus include recruitment, orientation, support for PFPs, regular communication with PFPs regarding Health PEI initiatives, and educating Health PEI staff about the PFP program.

Patient Relations Program:

- On January 31, 2025, Health PEI's Patient Relations Program was launched. The goal of the program is to ensure additional system capacity is available so that patients, clients, residents, families and the public can provide feedback on their experience in a variety of ways. The program supports Health PEI staff, at all levels, in responding to this feedback in a consistent and timely manner in keeping with our updated *Health PEI Patient and/or Family Experience Feedback Policy*.
- As part of establishing Health PEI's new Patient Relations Program, two new positions were created and staffed: the Director of Patient Experience and the Patient Relations Intake Coordinator.
- Since January 2025, presentations on patient relations/patient experience have been provided to staff and leaders in five different Health PEI program and service areas.
- The Patient Relations team also provides risk management guidance to program leaders on complex patient/family/public feedback.

MENTAL HEALTH AND ADDICTIONS

New Order Sets for Inpatient Withdrawal Management:

- MHA Inpatient Withdrawal Management has shifted to physician-approved order sets to address concerns around limited physician oversight, reduced personalization, and risk associated with outdated standing orders. To date, ten outdated standing order protocols have been replaced with five new order sets, with an additional set in development.

New Cell Phone Use Program at Inpatient Withdrawal Management:

- A three-month pilot project permitting cell phone use in the inpatient withdrawal management unit at the Provincial Addictions Treatment Facility was launched in January 2025. The initiative included pre-implementation, midway and post-implementation surveys of both patients and staff. Staff surveys revealed over 90% support for continued patient access to cell phones.

Violence Prevention:

- MHA offers a comprehensive suite of violence prevention training courses covering prevention, de-escalation and least restraint techniques including Advanced Code White, Gentle Persuasive Approach, Non-violent Crisis Intervention and See Think Act. In 2024-25, 52 sessions were delivered and 574 staff were trained in these violence prevention courses.

Enhanced Security:

- Introduced new Enhanced Security staff to the Hillsborough Hospital and Provincial Addictions Treatment Facility. These staff are specially trained to assist clinical staff in managing clients experiencing behavioral challenges. Staff report an increased sense of safety and note that this level of security is more interactive and engaged with clients and staff contributing to a more supportive and responsive environment.

Facility Safety:

- Updates continued to facilities and facility fixtures to mitigate risks and provide safe spaces for clients and staff. Key accomplishments in 2024-25 include replacing a large portion of the steam line that is fed from QEH to Hillsborough Hospital. Work was also completed to remove potential ligature points in acute care patient washrooms at PCH and Hillsborough Hospital.

COMMUNITY SPECIALTY SERVICES

Sexual Health Options and Reproductive Services:

- Investments were made in telemetry units for PCH SHORS Clinic for improved quality and an enhanced safety measure enabling better monitoring during procedural sedation procedures such as complex intrauterine device (IUD) insertions and history of trauma.
- Monthly submissions to the Medical Affairs newsletter in a “Did You Know” format has been implemented to help ensure health care providers are up to date and informed on the panel of services SHORS provides.

Obstetrics and Gynecology - Charlottetown Clinic:

- A multidisciplinary Quality Improvement Team was instituted, and a number of initiatives were implemented focused on patient safety and operational efficiency. This led to the redesign of key clinical and administrative workflows and processes to enhance patient care and operational efficiency.

HEALTH PEI MIDWIVES HELP ISLAND FAMILIES NAVIGATE THE BIRTHING PROCESS

Health PEI's midwives are playing a vital role in supporting Island families throughout the birthing process. Since launching in May of 2024, midwifery services have helped dozens of parents on PEI.

Harriet Dreise, who delivered her son Ruben on May 15th, is one of the first mothers who have benefited from the midwives' care. Originally from the United Kingdom, Harriet was excited about the prospect of receiving personalized care from midwives, something she was accustomed to in her home country.

"When midwives came to the Island, I was really excited for the different kind of care," said Harriet. "I found they're different from other health care practitioners because they explain things in an almost non-clinical way, ways you can understand. They don't rush you to make decisions. You feel like everything is an informed choice, which is how it should be."

Ruben was born prematurely and spent twelve days in the Neonatal Intensive Care Unit at the QEH. Harriet is grateful for the support she received from the midwives during this challenging time.

"Ruben was under the care of the doctors and nurses, but I was under the midwives' care," she said. "They checked in pretty much every day to see how we were doing and came to the hospital to see me."

Elizabeth Salazar Valez gave birth to her son Sebastian on July 10TH, with the guidance of midwifery services.

"I was really scared, because I'm from Colombia and I didn't know a birth would be here," said Elizabeth.

"The midwives were amazing. It wasn't just a medical appointment. They were teaching us and telling us the options."

Midwives provide comprehensive care to women throughout their pregnancy, including preconception counseling, prenatal care and postpartum support. They can also deliver babies in the hospital or at home.

"It is honestly so rewarding to see this program come to fruition," said Midwifery Services Lead and registered midwife Melissa Roberts. "So much planning has gone into bringing midwifery to PEI and to see the pieces come together is incredibly exciting. Midwives in Canada are still such a small community, and this is being celebrated both locally and across the country".

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, replacement of Hillsborough Hospital and development of the MHA Campus bringing together acute care, transitions and community services.

Community Health and 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.

HIGHLIGHTS

Mental Health System: *PEI's Open Access Counselling model offers same or next-day mental health support across five communities, with no referral needed—making care more accessible for Islanders of all ages. Flexible, team-based care is reducing wait times and improving outcomes, with evening and virtual options supporting equity, and co-location with primary care at new Community Health Centres helping Islanders navigate services more easily.*

This section highlights key accomplishments that advanced strategic goals by improving access to primary care, MHA and seniors care. It also showcases efforts to enhance community and hospital-based services, with a focus on supporting vulnerable populations such as children, seniors and those without a primary care provider.

PRIMARY CARE

Virtual Care and Primary Care Access Clinics (PCACs):

- The Virtual Care Program continues to provide access for Islanders without a primary care provider. In 2024-25, nine new providers were onboarded to the Maple platform, resulting in 53,788 completed consults, an increase from previous years. A request for proposal was launched in November 2024 to expand virtual care services to all Islanders.
- PCACs continued to serve unaffiliated patients, with 168 visits in Montague, 12,052 visits in Charlottetown and 4,411 in Summerside during 2024-25.
- There were 20,162 more visits to PCAC and Maple in 2024-2025 compared to 2023-2024.

MENTAL HEALTH AND ADDICTIONS

- A dedicated patient flow coordinator role was introduced within acute care to improve transitions in care and optimize bed utilization. This role supports safe, effective and efficient patient movement through the system, reduces extended wait times, and enhances discharge planning and coordination.
- On April 1, 2025, the Adult (16+) ADHD Program transitioned from UPEI to Health PEI and was integrated into the Community MHA team. This transition provided the program with stable funding, permanent staffing, and strengthened collaboration with MHA, primary care and other service providers.

COMMUNITY HEALTH AND SENIORS CARE

Long-Term Care:

- Collaboration with home care and acute care partners continued to improve resident flow into LTC, supporting timely transitions and system efficiency.
- Intergenerational programs were introduced at several sites, including Beach Grove Home, Colville Manor and Riverview Manor. Weekly visits bring together approximately 25 residents and 10–15 pre-Kindergarten students for shared activities such as coloring and games.
- A mobile X-ray service was implemented in winter 2025 to improve diagnostic access for LTC residents.
- Pharmacist support was integrated into LTC homes and has received positive feedback from medical providers and staff.

Geriatrics:

- The Dementia Specialty Team Program was implemented to support health care providers caring for older adults with complex cognitive needs and responsive behaviors. The team offers education, consultation and community development across the health system, including LTC homes, hospitals and community services.
- The Home-Based Restorative Care Program was launched in 2025 to support individuals experiencing recent changes in health or mobility that places them at risk of losing independence.

Home Care:

- Virtual home care visits were introduced through the Home Care Solution (Alaya Care), beginning with French-speaking clients in February 2024. The program later expanded to clients in the Caring for Older Adults in the Community and at Home (COACH) Program and the palliative care program. The Edmonton Symptom Assessment System (ESAS) was also implemented province-wide in 2025.
- The Monitor Alert System in Home (MASH) Program was implemented to provide fall pendants and automated medication dispensers.
- The Medication Assistance Program continued to expand, offering home care clients verbal reminders and hands-on support to ensure medications are taken as prescribed.
- The Self-Managed Care Program also expanded, enabling clients to receive funding for independent personal care and respite services.
- In collaboration with the Department of Health and Wellness and the Department of Social Development and Seniors, the At Home Caregiver Benefit was launched to provide financial support to caregivers of individuals with ongoing care needs.
- To support French Language Services in home-based care, a tailored online learning module, Active Offer of French Language Services, was developed for staff, emphasizing the importance of proactively offering services in French to PEI's Francophone population.
- A self-assessment official languages recognition program was introduced for 2025–26 to help staff evaluate their French proficiency before taking official language tests required for home-based care positions.

Palliative Care:

- Palliative care and home care teams partnered with Pallium Canada and Island First Nations to begin developing an Indigenous Cultural Safety Module. The module will 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.
- Home care and palliative care teams also participated in the SPRINT project, a national collaborative led by the Canadian Home Care Association. The project supports providers in refining their skills in home-based palliative care through training and tools focused on emotionally responsive and compassionate care.
- The Urgent Respite and End-of-Life Support (UREST) program was implemented to provide home support for urgent personal care and respite needs.

Chronic Disease:

- The Provincial Diabetes Program continued to deliver comprehensive care for individuals with diabetes. The insulin pump program was expanded to include all eligible Islanders.
- The Provincial Preventative Diabetes Foot Care Program expanded to include 6.0 FTE LPNs providing care across West Prince, East Prince, Queens East and Kings Networks. As of May 28, 2025, the program had received over 1,000 referrals.
- In 2025, the PEI Organized Stroke Care Program celebrated its 15TH anniversary, marking 15 years of delivering high-quality, patient-centered stroke care. A Stroke Program Impact Study was launched to evaluate effectiveness, identify strengths and improvement areas, and generate evidence-based recommendations.

COMMUNITY SPECIALTY SERVICES

Provincial Renal Program:

- A policy change resulted in protocol adjustments for the use of Alteplase. These changes have produced annual budget savings averaging 20%. If this trend continues, the program is on track to achieve the lowest annual costs for this medication since the inception of our Provincial Renal Program offering hemodialysis in PEI.
- The Home-Based Therapy Program continues to grow. Support for peritoneal dialysis has expanded to include residents in LTC, improving transitions from acute care and enhancing patient flow by enabling earlier discharges.
- As part of its support for the tourism industry, the provincial hemodialysis units provided 150 dialysis treatments to non-resident patients visiting PEI.
- A formal nursing competency program was implemented for hemodialysis staff, supporting the reclassification of RNs to recognize dialysis as a specialty area. This initiative strengthens recruitment and retention. In the past year, eight RNs achieved national certification in Nephrology Nursing through the Canadian Nurses Association.
- In partnership with the Own Health team and Community Specialty Services, the program reintroduced access to fistula procedures, the gold standard for hemodialysis access, at QEH.

Midwifery Services:

- The Midwifery program celebrated its first birth in May 2024. Over the past year, the Charlottetown midwifery team successfully recruited a full complement of five midwives, with the final team member joining in January 2025. Planning is underway to establish a second team in Summerside.
- An evaluation of the program's first year of service was completed, identifying opportunities for improvement. The findings are informing efforts to build public awareness, support integration within the broader health system, and strengthen the role of midwives in advancing perinatal health in collaboration with other care providers across the province.

Vascular Services:

- Through a partnership with Own Health in Toronto, a virtual vascular care model has been implemented.
- In collaboration with home care, all patients referred with lower limb wounds receive specialist clinical reviews, advice on care plans and are triaged for risk level. This collaboration between specialists and nursing teams enables real time problem solving and supports better outcomes.
- Referrals are received centrally through the Provincial Specialty Virtual Care (PSVC) Clinic and reviewed by vascular specialists. Patients are triaged by level of risk, and referring providers receive a care plan focused on medical optimization. This model offers specialist level support to primary care providers caring for patients awaiting surgical procedures.
- Unaffiliated vascular patients are supported through the PSVC Clinic, ensuring their primary care needs are addressed while awaiting surgery. This approach promotes wellness, reduces emergency department visits and helps prevent hospitalizations.
- Gained cross affiliation with UPEI Faculty of Medicine.

Provincial Pain Management Clinic:

- The Provincial Pain Management Clinic has been established to expand access to specialized pain care across the province. The clinic is staffed by a multidisciplinary team including anesthetists, nurse practitioners, nurses and administrative staff.
- To build capacity and support knowledge sharing, the clinic hosts regular virtual education sessions for health care providers across PEI.

Obstetrics and Gynecology Clinic:

- Specialized clinics for intrauterine device (IUD) insertion, polypectomy and tubal ligation were introduced to increase access to these procedures.
- In December 2024, Human Papillomavirus (HPV) immunization (Gardasil) was launched at both clinic sites.
- Operating Room access was expanded through access to services at PCH.

SHORS:

- To support program growth, capital investment was confirmed and planning completed for a new SHORS location in Charlottetown. The new space will provide additional exam rooms, increasing patient capacity and enable nurses to advance their scope without sharing rooms with physicians or NPs.
- Weekly satellite clinics were launched in Montague to improve access to SHORS services for residents of Kings County.
- Abortion services were expanded to include gestational age limits up to 20 weeks, depending on provider availability.
- Low/no-touch protocols were introduced in alignment with national standards to meet the consistent increase in demand observed since 2017.
- In December 2024, SHORS began administering HPV immunization (Gardasil) at both clinic sites.
- SHORS collaborated with Provincial Pharmacy Services, Obstetrics and Gynecology, and the DHW to endorse universal coverage of Mifegymiso® at community pharmacies.

PUBLIC HEALTH AND CHILDREN'S DEVELOPMENTAL SERVICES

Dental Programs:

- Dental Public Health launched a pilot project with Dalhousie University's Faculty of Dentistry, offering Public Health Elective rotations for fourth year dental students to provide dental exams and basic treatment to vulnerable populations. Six one-week rotations were hosted where students provided more than 50 individuals with basic oral health care services.
- The new Mobile Dental Clinic arrived on March 28, 2025, with the main objective of providing complete oral health care services to LTC and community care facilities. Key staffing positions are currently being created and hired.

Public Health Nursing:

- Transitioned to a new online prenatal education platform, Bump to Baby, in January 2025.
- Implemented the publicly funded Respiratory Syncytial Virus (RSV) vaccine in fall 2024 for individuals aged 60+ residing in community care facilities.
- Expanded newcomer clinics to the Summerside Public Health Nursing office (previously only in Charlottetown), offering more access to care in newcomers' primary language.
- Queens Public Health Nursing launched a weekly outreach initiative with the Community Outreach Centre to provide vaccines and support services in partnership with Harm Reduction and Outreach teams.

Children's Developmental Services:

- The Program for Elementary Eye Care (PEEC) was launched on April 1, 2025, to cover the cost of up to three pairs of glasses for children in grades 1 to 6. Coverage includes up to $300 for single lenses and $350 for bifocal or specialty lenses.

Children with Complex Needs:

- In December 2024, the Children with Complex Needs Navigation Program was launched to support families of children with complex medical, developmental, behavioral or emotional conditions. 40 submissions were received in the program's first few months, indicating strong uptake and early success.

Community Nutrition/STOT/School age Physiotherapy services:

- School Therapy and School age Occupational Therapy is focused on producing timely, strength-based reports for families, schools and team members. Chart audits were conducted over the summer to assess progress and inform planning for the upcoming year.
- Newly established preschool services are working toward consistent documentation timelines, standardized report templates and delivery of timely, strength-based reports.

Speech Language Pathology/Audiology:

- Partnered with midwifery services to integrate newborn hearing screenings into home birth follow-up care and developed a protocol to document and share results with Provincial Audiology Services.
- The Infant Hearing Screening Working Group worked to include screening results and high-risk hearing loss factors in the Newborn Community Liaison Report (NCLR). Provincial Audiology Services now receives NCLRs for discharged infants, with ongoing work to finalize report content and processes.

CANCER CARE

- Health PEI strengthened its Cancer Prevention and Early Detection Program by recruiting additional staff, including medical advisors, a clinical nurse lead, medical secretaries, and program coordinators. These new team members are supporting key commitments outlined in the Cancer Action Plan, including the expansion of screening services, patient navigation and quality improvement initiatives to meet current and future needs.
- Since May 2023, HPV testing has been implemented as the primary screening method for cervical cancer. A pilot project tested self-sample collection in collaboration with Cervical Cancer Screening Services (CCSS) and Primary Care Registered Nurse Clinics, focusing on result management and follow-up pathways. A phased rollout is underway to onboard additional sites and embed this new clinical practice across the province.
- In July 2024, the Colorectal Cancer Screening Program (CCSP) introduced a new access point for unattached Islanders at increased risk of colorectal cancer. Eligible individuals can now self-refer into the program and are supported by diagnostic navigators through to colonoscopy.

ACUTE CARE

Queen Elizabeth Hospital:

- A hospital wide Push Protocol was implemented to reduce ED overcrowding, supported by the addition of beds on Medical Surgical and Provincial Stroke Units.
- In the intensive care unit and progressive care unit, the Difficult Airway Response Team (DART) became operational, and the number of Mock Codes increased through collaboration with nursing units and other departments including Labour and Delivery, Obstetrics and diagnostic imaging.
- Palliative care rooms were created on different units to provide quiet, supportive spaces for end-of-life care.
- To support patient flow, nursing teams from different units support the Alternate Level of Care (ALC) Unit.
- The orthopedic care map has been updated and implemented, Pyxis medication dispensing machines were implemented and the patient education shared drive was updated.
- Midwifery program development continued, alongside planning for the redevelopment of Neonatal Intensive Care Unit (NICU) and Labour and Delivery.
- The Merge Program was implemented in NICU to support early transitions home.
- Final preparations were made for a sensory room on the Pediatrics Unit, and the Smile Zone project began creating child-friendly spaces in collaboration with the surgical suite.
- Planning continued for the redevelopment of the Pediatric Clinic, and a provincial orientation program was developed in partnership with PCH.
- The Pediatrics Unit also initiated a new treatment standard for leukemia, is collaborating with the Atlantic Pediatric Group to review standards of care and is working with the school system to support children with complex needs.
- A Peer Support Program was launched on the rehabilitation unit in collaboration with the March of Dimes to connect stroke survivors and families with individuals who have lived experience.
- Spiritual Care services developed a new information pamphlet to help families understand available spiritual care services and purchased pullout beds for families staying with loved ones in hospital.
- Nutrition Services is working to implement an Integrated Menu System aimed at modernizing patient nutrition delivery; procurement is under review with Information Technology Support Services (ITSS).
- The Ambulatory Care Centre expanded the endoscopy schedule to support a third gastroenterologist, continued to work on a standardized consent process and made progress on a centralized referral system. The Short-Term Unit (STU) provided support for hematology patients without an in-province provider.
- Patient flow and discharge planning initiatives included the implementation of a Discharge Lounge, additional responsibilities for LTC clients, as well as growing demand for services at the Post-Discharge Clinic.

Prince County Hospital:

- Preparations are under way to introduce Telemetry Services in both the Medical Unit and emergency department.
- A plan is being developed for the space currently occupied by Inpatient Mental Health to support further growth, including expanding inpatient bed capacity by 5-6 beds, enhancing medical education opportunities (including partnerships with UPEI and other institutions), and realigning space to improve work areas for services such as endoscopy and bronchoscopy.
- In the ICU, two cardiac monitors were installed, enabling fully functional rooms, and the unit expanded to 10 beds, now accepting higher acuity patients.
- The ED implemented patient flow improvements, resulting in reduced wait times and fewer patients leaving without being seen.
- In the Maternal Child Care Unit, planning began to enhance neonatal transitional care, new equipment was installed including fetal heart monitors and warmers, and multiple policies and protocols were updated, initiated and standardized at a provincial level.
- A Rapid Response Team was implemented to address emergent, life-saving care needs in the hospital setting using a multidisciplinary team to provide immediate medical care to patients.
- In rehabilitation services, an outpatient occupational therapy role was created to support timely post-operative follow-up, the Speech Language Pathology team expanded in both staffing and scope, and weekend rehabilitation service was trialed successfully.
- In ambulatory care, a vascular clinic was initiated, additional peripherally inserted central catheter equipment was trialed, evaluated and procured to advance practice, and an Internal Medicine Clinic was developed, including a Pacemaker Clinic to support cardiac patients.

Community Hospitals West:

- In fall 2024, a full-time NP joined the Western Hospital ED to provide care for Canadian Triage and Acuity Scale (CTAS) 4 and 5 patients (and CTAS 3 patients as needed) during weekdays, making Western Hospital the first in the province to integrate a nurse practitioner into the ED.
- The Ambulatory Care Clinic at Western Hospital relocated to a new space featuring four dedicated treatment and exam rooms. This upgrade improves patient privacy and ensures convenient access to health care providers in the ED.
- In the fall, a new ultrasound machine was acquired, and an ultrasound technologist was hired to support patients at Western Hospital. This addition reduces the need for patient transfers to other facilitates and helps preserve Island EMS ambulance availability.

Community Hospitals East:

- Specialist clinics in internal medicine, plastic surgery and vascular care were introduced at KCMH, delivered by QEH physicians. These clinics improve local access to specialized care for Kings County residents.
- To alleviate ongoing pressures in the KCMH emergency department, a decanting clinic staffed by an NP or physician was launched 1-2 times per week during afternoon and evening hours. CTAS 4 and 5 patients presenting to the ED are offered appointments at this clinic, improving access and reducing wait times.
- In response to increased demand, the Ambulatory Care Clinic at Souris Hospital expanded its operations from three to five days per week, enhancing access to outpatient services for the community.

PROVINCIAL SERVICES

Critical Care:

- The Critical Care Task Force was established provincially to provide oversight and guidance for critical care services and to support the development of the Critical Care Provincial Program.

Laboratory Services - Provincial Point of Care (POC):

- A new POC testing pathway for blood sugar (glucose) was implemented for pediatrics and the Pediatric Clinic.
- New additions to POC testing and devices include lactate testing, white blood cell and absolute neutrophil count (ANC) testing for Clozaril patients, and current validation of the Abbott I-Stat meter in the QEH OR.

Surgical Services:

- The Restorative Care Referral Assessment Form was revised to better align with patient and program goals.
- Acute Care Surgery (ACS) was added on Mondays, Tuesdays and Thursdays using resources from the eye surgery suite to perform emergency surgery during daytime hours. This change has improved patient access and reduced after-hours staff burden, with 210 cases completed since November.
- Implemented multiple operational improvements including Operating Room Booking Policy, expansion of same-day hip and knee surgeries helping patients recover sooner; emergency case prioritization guidelines and laparoscopic hiatal hernia surgeries will being begin being performed, reducing the need for off Island referrals.

HEALTH PEI RELAUNCHES MODERNIZED PROVINCIAL PATIENT REGISTRY, WITH FOCUS ON PATIENT AFFILIATION

Health PEI relaunched the Provincial Patient Registry in February 2025 to better serve Islanders and connect them with Primary Care. The new registry is modernized to improve patient experience and to help affiliate patients with our growing network of PMHs.

"The Provincial Patient Registry has become a bellwether for the state of health care on Prince Edward Island," said Melanie Fraser, CEO of Health PEI. "It was frustrating watching that number creep steadily upward knowing every digit represents an Islander without a nurse practitioner or family doctor. The new registry will help us bring that number to zero."

The first step of modernizing the provincial patient registry was to automate the database to improve efficiency and accuracy. As this process proceeded, the database was cleaned, helping Health PEI to identify patients who no longer needed to be paired with primary care.

Health PEI has improved the user experience for interacting with the registry. The registration process is smoother and will allow patients on the list to update their information as needs change. The registry will also provide regular updates to Islanders on the list with information on their status.

"That interactivity was a must-have for the registry," said Fraser. "Our focus is firmly on affiliating Islanders with primary care. By checking in regularly, we can reassess the needs of every person on the list, and we can let them know where they're at in the queue. I don't want anyone to feel like they signed up for a list and nothing happened. Staff are working hard to build capacity, and we want you to know we're making progress to connect you with care."

Health PEI is continuing to work on building capacity within its growing network of PMHs. The number of homes will increase, as will the ability of current homes to add more patients to their rosters.

"The number of patients on the registry will not go down overnight," said Fraser. "As current primary care providers retire, those numbers will occasionally still go up. But we're making progress, we can report our data accurately. Who goes on, who goes off, the net impact. And we're heading in the right direction to connect all Islanders with care."

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 and driving value for money.
- 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.
    - Provincial EMR: Operationalize Provincial EMR across the health care system.
    - Continued collaboration with the DHW, ITSS and Canada Health Infoway.
- Adoption of other innovative technologies and practices to support the continuity of care (including transition points), accessibility and efficiency.

HIGHLIGHTS

This section highlights key accomplishments that advanced strategic goals by improving efficiency in our practices in both the hospital and community setting. Innovative technologies and practices were implemented across the province including in e-Health, laboratory services and pharmacy services.

Stronger Together: Atlantic Health Partnerships : *Health PEI is collaborating with Atlantic health authorities to tackle shared challenges like workforce shortages, rising costs, and fragmented data—leveraging PEI's agility to test and scale innovations regionally. Key initiatives include cross-border care, ethical AI development, and nursing workforce mobility, with agreements and working groups focused on secure data sharing, AI tools, and standardized nurse training and retention. Regional partnerships with institutions like IWK, Nova Scotia Health, and others ensure Islanders benefit from specialized care and clinical trials, while joint efforts in virtual care and procurement modernization strengthen the entire Atlantic health system.*

SYSTEM UTILIZATION AND PATIENT FLOW

Queen Elizabeth Hospital

ED:

- Review of patient flow conducted resulting in a flow zone area with an associated workflow process to create assessment space. This was expanded to other EDs. This work has resulted in reduced wait times for CTAS 2 and 3 patients.

Social Work:

- Collaborating with Discharge Planning Unit on supporting patients transitioning from the hospital to LTC.
- Working with the Transformation Office on a new process for assigning patients to LTC.

Surgical Suite:

- Establishment of an electronic list through the Clinical Information System (CIS) to track the number of bookings and wait times for each surgeon.
- Implementation of Trans Urethral Prostrate Surgery (TURPS) using Green Light Laser allowing patients to return home same day.

Prince County Hospital

Surgical Unit and Medical Unit:

- Establishment of bullet rounds. A collaboration among team members to communicate patient care plan, identify Expected Date of Discharge (EDD), improve bed flow and identify barriers.

Scheduling:

- Incorporated new scheduling software, resulting in more effective and timely use of staff across the hospital.

Provincial Laboratory Services

- Worked with Health PEI and the Department of Health & Wellness (DHW) to enable practitioners to access all laboratory results in the Provincial EMR.
- Continue to work with government partners and the DHW on the implementation of MyHealthPEI, a patient portal to access laboratory results.
- Implemented changes to on-line booking at rural sites to include multiple appointment types with a hope to improve patient usage of the website.
- Community based venipuncture sites in progress – Charlottetown JBG building is complete, opening is pending fulfillment of flex hiring positions and in Summerside work to be completed by December 2025.

INNOVATIVE TECHNOLOGY AND PRACTICES

Digital Health/e-Health:

- MyHealthPEI (Health portal) and Clinical Data Repository (CDR) project planning and Phase 1 implementation. MyHealthPEI is a secure, online solution that gives citizens and providers 24-hour digital access to components of patient health information. An internal pilot cohort went live in 24/25.
- A new information management system (IMS) was launched in partnership with PointClickCare. The LTC IMS will be implemented in public LTC homes for phase 1 and private LTC homes for phase 2. This system supports improved efficiency, communications and delivery of services to LTC residents across PEI. Benefits include improved quality of care for residents, reducing administrative burden, enhanced system planning and benchmarking and improved collaboration and scalability. The first public LTC home went live in April 2025.
- Supported the Modernizing Healthcare Connectivity (MHCC) Project roadmap development with ITSS.
- Staffed data integrity analyst position to support improvements in data quality in the Provincial EMR, CIS and Home Care Solution (HCS):
    - Completed and established protocols for auditing and monitoring, and effectively communicated data audit findings to stakeholders, including frontline users.
    - Achieved an average of 50% data integrity check across all systems for key data points, which increased data integrity awareness by at least 60% among all system users.
    - Improved data integrity for specific data points related to anomalies and completeness across systems, such as Provincial EMR and HCS, by over 85% and 95%, respectively.

CIS:

- Implemented the Women's Health Module at QEH and PCH, a new dynamic approach to electronic documentation for labour and delivery services.
- Implemented the CIS within the mental health Emergency Department at the QEH.
- Implemented CIS electronic ordering and scheduling functions for MHAs' Intensive Day and After Care programs.
- Began implementation of CareAware iBus for laboratory devices, a new, more robust solution for connecting medical devices to CIS.
- Implemented Dynamic Documentation pilot in Pediatric Clinic improving documentation workflow for physicians and aligned distribution standards for PCH and QEH.
- Implemented improvements to the waitlist functionality for all hospital-based ambulatory clinics to improve waitlist management.
- Improved nursing documentation experience by implementing Interactive View (iView) in several clinical areas.
- Implemented first phase of integration and validation for Gen Lab results with the CDR and validation of Microbiology Lab results.
- Initiated code upgrade to Oracle Health Millenium 2025 Code Base (90% complete)
- Initiated project planning for the Behavioural Health Module for MHA inpatient services and the replacement of the Radiology Information System to the Oracle RadNet module.

Provincial EMR:

- Continued enrollment of providers across primary care and specialty services.
- Completion of enrollment of Community MHA and Department of Psychiatry, and ongoing operational support provided.
- Implementation of Community Pediatric Services located at QEH.
- General Lab integration with CIS with ability to trend results within the Provincial EMR application.
- Implementation of enhanced Patient Portal with various clinics using in-platform virtual care.
- Development of standard operating procedures for all Provincial EMR users for topics such as Patient Status and Panel Identification updates, Administrative Notes, and Medical Office Assistant Encounter use.
- Configuration updates, merges and other supports for PMH developments.
- Establishment and further development of dashboards to support MHA, Primary Care Renewal and Panel Management.
- Established View Only roles for prioritized areas in the health system and completed Emergency Department Physician View Only roll-out across PEI.

HCS:

- InterRAI Contact Assessment (InterRAI CA) implemented.
- Immunization Registry Report developed to share weekly with Chief Public Health Office.
- Introduction of Family Portal to palliative clients with a plan for future expansion.
- Continued enhancement of audit capabilities and the creation of Data Integrity Reports to review and verify for accuracy.
- Continued development of Staff Dashboards to view home care data.
- Downtime policy developed and in approval stage.
- Business Optimization Site Visit conducted in conjunction with Home Care Solution Office, Home Care and AlayaCare.

Public Health and Children's Developmental Services

Audiology:

- Implementation of new infant hearing screening equipment (Accuscreen) at the QEH's Unit 4 (Obstetrics and Gynecology) and NICU and PCH's Maternal Child Care Unit by the Provincial Audiology Program, which will increase hearing screening for newborns.

Provincial Pharmacy Services:

- Expansion of clinical/unit-based pharmacy services, which ensure patients receive the most appropriate medications based on their specific health needs and is supported through collaborations between pharmacists and the health care team.
- Standardization of intravenous (IV) pumps in ambulatory care, minimizing the risk of programing errors and ensuring consistent delivery of protocols.
- Updated Health PEI antimicrobial guidelines, which promote the appropriate use of antimicrobials to combat resistance and improve patient outcomes. The guidelines for community acquired pneumonia, hospital pneumonia, aspiration pneumonia, acute exacerbation of chronic obstructive pulmonary disease (COPD) and febrile neutropenia have been updated this year.
- Initiation of a new educational series highlighting antimicrobial stewardship topics called "Stewardship Spotlights".
- Implementation of a new evidence-based parenteral therapy product for patients requiring total parenteral nutrition.
- Lead the implementation of a CIS Medication Reconciliation functionality change to improve patient safety. This resulted in a 63% decrease in PSMS reported medication reconciliation incidents in 2024-25 compared to 2023-24 in computer provider order entry (CPOE) facilities (admission medication reconciliation and best possible medication histories (BPMH).

MHA:

- Implementation of the *Mental Health Act* Administrative Support Worker has improved coordination and efficiency for involuntary forensic clients and significantly strengthened legislative compliance across Health PEI. By ensuring adherence to the *Mental Health Act*, this role centralizes the management of *Mental Health Act* forms, community treatment orders and review board hearings, streamlining workflows and enhancing consistency. This position ensures:
  - The patient's rights are explained.
  - The patient receives documents explaining the appeal process.
  - Processes are timely to support appropriate care.
- Following a call for applications for Health Canada Substance Use and Addictions Program (SUAP) funding, Health PEI submitted two applications: Embedding Enhanced Case Management in Health PEI Substance Use Services and Embedding Peer Support Workers in Health PEI Substance Use Services. Of over 700 applicants from across Canada, Health PEI's submissions were among the 74 successful initiatives selected to receive funding. Health Canada agreements were signed in winter 2024 and projects are underway in 2025, with the goal of implementing innovative approaches to better align care with patient needs.

Community Health and Seniors Care

Obstetrics and Gynecology - Charlottetown Clinic:

- Procured Endosee Advance Device, which enables real-time diagnostics and enhances patient experience and access to quick results for complex patients avoiding need to refer to hospital for more complex procedures.

Provincial Laboratory Services:

- Implemented new Chemistry instrument at Western Hospital lab which performs Chemistry and Immunochemistry (Troponins/BNP's).
- Updated and implemented new hematology instrumentation at QEH, Souris Hospital, Western Hospital, and Community Hospital O'Leary. All laboratory locations (also including PCH and KCMH) are now on the same testing platform enabling standardization of hematology results across the province.
- Upgrade to QEH chemistry division. This upgrade is a multimillion-dollar investment which has involved physical and electrical renovations to the QEH facility. The upgrade includes the provision of six new chemistry instruments connected to a track system and multiple laboratory components.

Cancer Care:

- In 2025, a CCSP Quality Assurance Working Group was established to advance high-quality reporting benchmarks and ensure consistency among physician endoscopists. PEI continues to meet the national target of completing colonoscopies within 60 days of a positive FIT result.
- A physician lead was appointed in October 2024, and a working group was formed to guide the planning and implementation of the Lung Cancer Screening Program. The program will be integrated into the Provincial EMR alongside other provincial screening programs.

FINANCIAL OVERVIEW

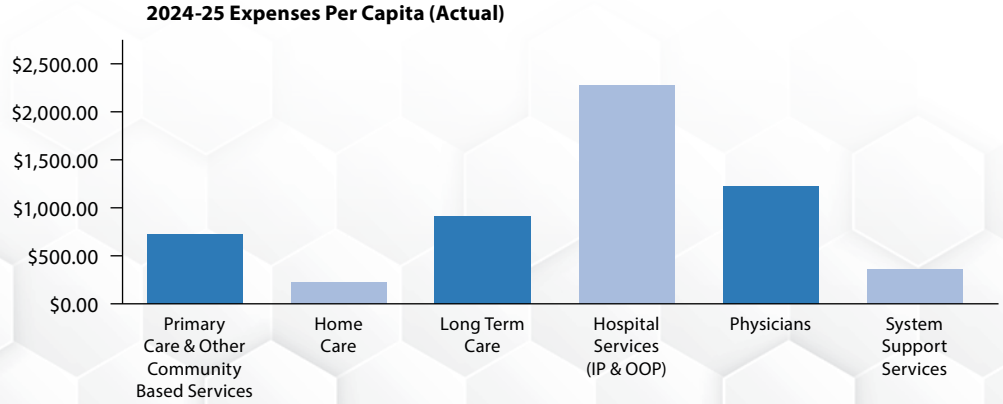
HIGHLIGHTS

This section of the annual report highlights the organization's operations for the fiscal year ending March 31, 2025. This financial section should be read in conjunction with Health PEI's audited financial statements (Appendix C).

ORGANIZATIONAL HIGHLIGHTS FOR THE FISCAL YEAR 2024-25	
OPERATIONS	**OPERATING ACTIVITIES**
Revenues	$ 993,074,179
Expenditures	$ 1,021,486,874
Subtotal-Operating Surplus (Deficit)	($ 28,412,695)
CAPITAL	
Revenues	$ 46,463,999
Amortization	$ 23,577,122
Accretion	$56,443
Capital Transfers	$ -
Subtotal-Capital	$ 22,830,434
Annual (Deficit) Surplus	**($ 5,582,261)**

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.



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.

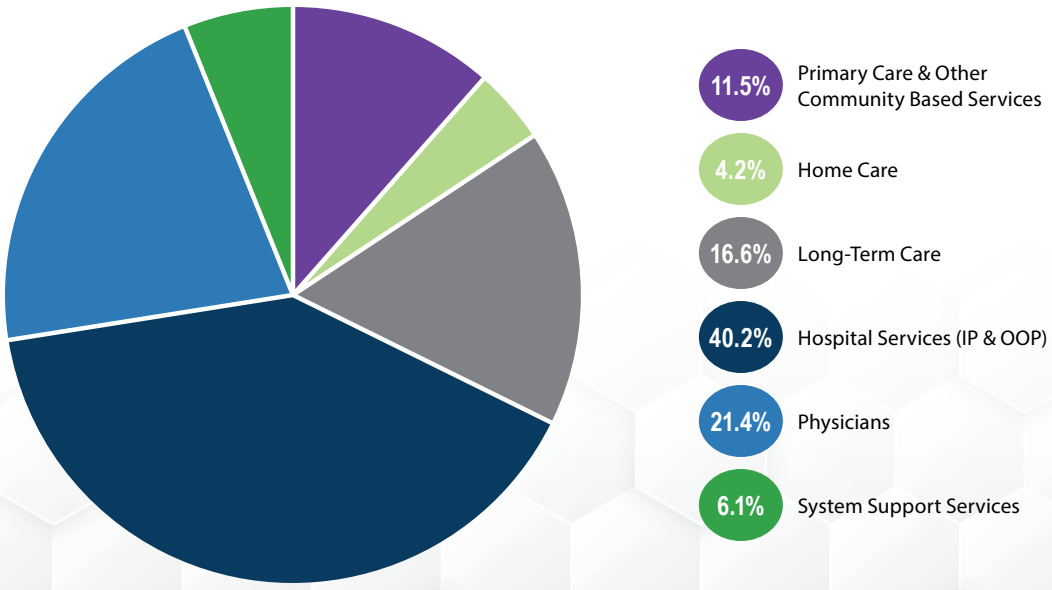
Hospital Services (In-Province (IP) and Out-of-Province (OOP)) – expenses relating to acute nursing care, ambulatory care, laboratory, DI, pharmacies, ambulance services, the CIS, renal services and OOP medical care for Islanders.

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

System Support Services – expenses relating to the provision of centralized, corporate support services including: Office of the CEO, corporate communications, academics office, medical residency program, transformation and strategy, legal services, emergency management, business continuity, Board operations, policy, planning and evaluation, risk management, quality and safety, human resources, financial planning and analysis, financial accounting and reporting, materials management, health information management, health informatics, Chief Nursing and professional practice, Interoperative Electronic Health Record and patient flow and system utilization.

2024-25 EXPENSES BY SECTOR (ACTUAL)



HEALTH PEI BY THE NUMBERS

CATEGORY	2022-2023	2023-2024	2024-2025
Permanent Positions[1]			
Admin/Clerical/Supervisors/Secretaries	611.8	689.8	731.3
Cook/Baker	55.2	55.2	55.2
Excluded Union	303.2	364.2	440.4
LPN	412.0	455.7	476.5
Maintenance/Trades	69.7	76.1	80.1
Manager/Program Officer	72.3	87.8	112.3
NP	61.8	80.8	93.3
Midwifery[2]	0	0	7.0
Occupational Therapist	55.9	59.4	65.5
Personal Care Worker/Resident Care Worker/Home Support	583.6	603.7	607.9
Physiotherapist	44.9	53.9	65.7
Psychologist	17.5	18.5	30.5
RN	1,084.9	1,110.5	1,138.2
Service Worker/Orderly/Porter/Aide	501.7	514.3	515.3
Social Worker	116.0	130.4	142.9
Technician/Clinician/Assistant	610.2	666.3	701.7
Employees[3]			
Permanent	5,064	5,155	5,554
Casual	1,517	1,643	1,593
Temporary	238	205	227
Medical Staff			
Family Physicians	121.95	131.3	260.24[4]
Specialists	120.5	118.6	
Residents	10	13	14
Hospital-Based Service Volumes Across Health PEI			
Patient Days	163,674	170,759	179,011
Discharged Patients	15,186	15,489	15,896
Average Variance between Length of Stay and Expected Length of Stay (Days)	2.16	2.13	2.42
Alternate Level of Care (ALC) Patient Days	36,601	33,266	42,384
Average ALC Beds as a % of Total Medical Beds	43.0%	49.4%	52.8%
Emergency Department Visits	93,280	89,179	95,345
Emergency Hold Patient Days	8,906	11,251	13,875
Surgical Procedures	9,290	10,517	11,793

CATEGORY	2022-2023	2023-2024	2024-2025
Admissions (excludes Hillsborough Hospital)	14,792	15,066	15,513
Average Length of Stay (ALOS) (days) (excludes Hillsborough)	10.12	9.88	10.79
Number of Diagnostic Imaging Tests	161,876	169,567	176,942
Number of Laboratory Tests Ordered	2,606,778	2,487,893	2,949,774
Long-term Care (public facilities only)			
Occupancy Rate	88.2%	93.7%	96.7%
Number of Long-term Care Admissions	236	224	236
Number of Long-term Care Beds	622	622	598
Number of Long-term Care Facilities	9	9	9
Average Length of Stay (ALOS) (years)	2.9	2.7	2.8
Home Care			
Number of Clients Served by Home Care	5,167	5,547	5,779
Number of Home Care Clients that are 75+ years old	3,128	3,307	3,472
Mental Health and Addictions			
Community Mental Health Provincial – Referrals[5]	4,702	4,661	7,175[5]
Community Mental Health – Crisis Response	2,268	2,348	2,266[6]
Addiction Services – Total Admissions	2,511	2,552	1,990
Primary Care			
Primary Care Visits	427,118	419,931	378,730

[1]Health PEI Budgeted FTEs for Regular Positions for PEINU, UPSE Health IUOE, CUPE and Excluded Staff Only. Definitions:

- *FTE Regular Positions: Budgeted FTEs (1.0 FTE = 1,950 hours) 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).*

[2]Midwifery just began in 2025

[3]Health PEI employee counts based on employee's current record at the start of the Fiscal Year (April 1 to March 31) by Employee Class

[4]Starting in 2025, Physician Numbers have been updated to reflect 13 provincial departments:

Provincial Departments	FTEs
1. Family Medicine & Focused Practice	93.65
2. Emergency Medicine	26.55
3. Hospitalist Medicine	9.84
4. Anesthesia	8.7
5. Mental Health & Addictions	19.1
6. Oncology	6.8
7. Seniors	4.3
8. Surgery	27.0

Provincial Departments	FTEs
9. Medicine	26.7
10. Obstetrics & Gynecology	12.0
11. Pediatrics	9.4
12. Diagnostic Imaging	8.6
13. Laboratory	7.0
14. Other	0.6
Total Medical Staff	**260.24**

[5]EMR MH and Addictions moved to EMR during 2024-25

[6]PCH: 7 months of data not available; QEH MH ED: Stats considered Crisis Response

ORGANIZATIONAL STRUCTURE

HEALTH PEI BOARD OF DIRECTORS

CHIEF EXECUTIVE OFFICER

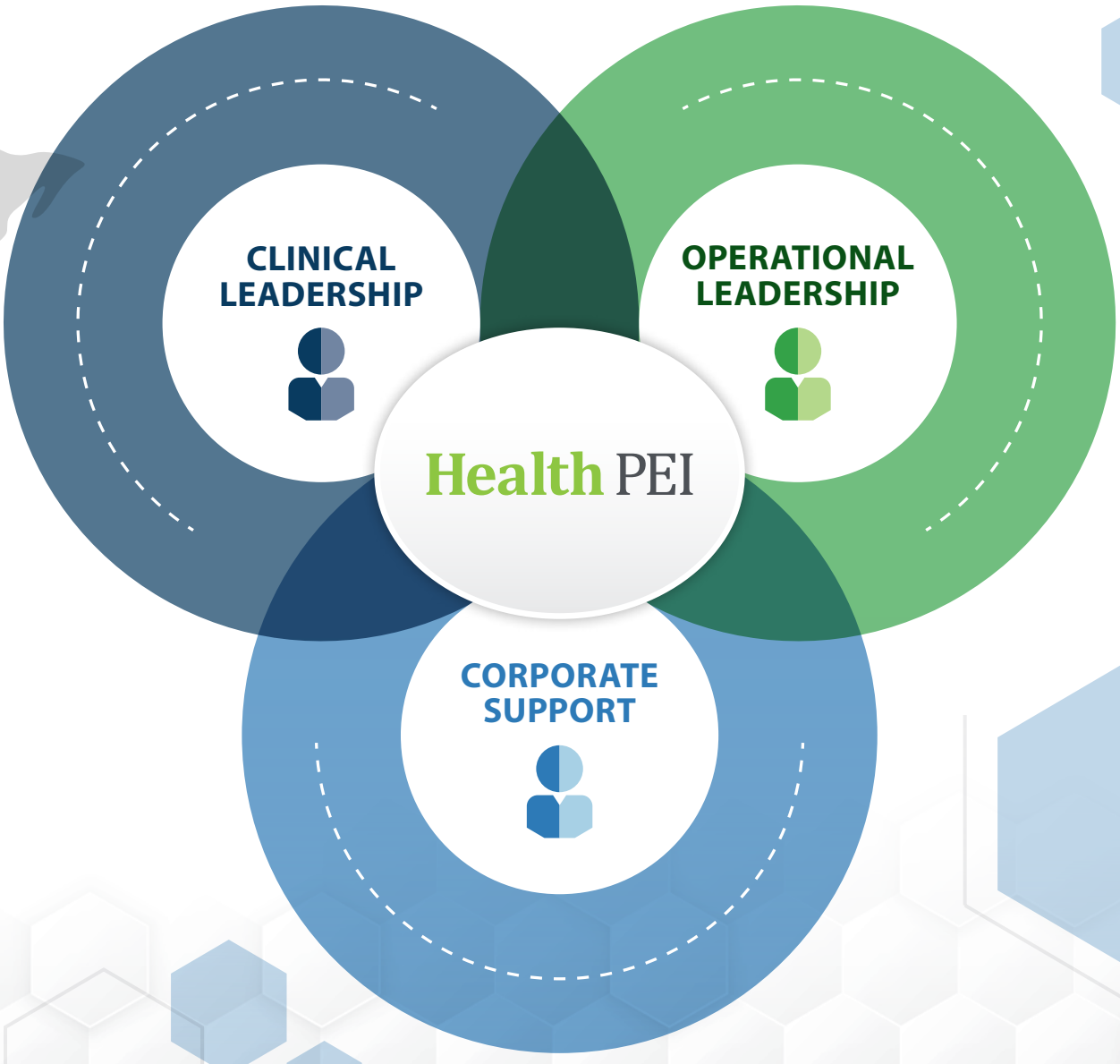
- CHIEF ACADEMIC OFFICER (0.2 FTE)
- CHIEF OPERATING OFFICER
- CHIEF FINANCIAL OFFICER
- CHIEF OF PEOPLE & PROFESSIONAL PRACTICE
- CHIEF TRANSFORMATION & STRATEGY OFFICER
- CHIEF GOVERNANCE & RISK OFFICER
- CHIEF MEDICAL OFFICER

DYAD MODEL

Health PEI is evolving its leadership approach to exist in a dyad model. Medical and operational leaders will work side by side, like co-pilots, sharing responsibility and making decisions together. This ensures clinical expertise and system know-how are aligned to improve patient care and support implementation.

This model supports health professionals by creating an environment where they can fully use their skills, embrace technology, and make the most of our people, technology, skills and facilities.

As a One Island Health System, we're in a unique position to take a province-wide approach through provincial programs, standardized provincially, delivered locally. By working together and staying focused on shared goals, we're building a more connected, accountable, and innovative health care system for all Islanders.



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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 (Effective October 2022).
5. Accreditation Canada QMentum – Leadership Standards (Effective May 2021).
6. Canadian Patient Safety Institute and Health Services Organization, Canadian Quality and Patient Safety Framework for Health Services 2020.
7. 2023-2028 Provincial Health Plan: Building a Healthier Tomorrow.
8. Health PEI 2022-2025 People Strategy.

HEALTH PEI SCORECARD

Indicator	Description	Target	2023-2024	2024-2025
Goal 1: People				
Vacancy Rate[1]	The vacancy rate reflects the percentage (%) of Heath PEI's Nursing and Allied Health positions/Full-time Equivalent (FTEs) that are vacant. A vacant position/FTE is defined as a Health PEI position/FTE that is intended to be recruited for and/or filled.	12%	18.0%	17.9%
Turn Over Rate[1]	Rolling Attrition Rate	Annual Decrease YoY	10.46%	9.48%
Sick Rate (% of sick time to pensionable hours)[1b]	Percentage of sick time to pensionable hours	Under Development	6.00%	5.80%
Overtime rate (% of overtime hours to pensionable hours)[1b]	Percentage of overtime hours to pensionable hours	Under Development	3.30%	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)	Under Development	N/A	N/A[4]
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	5.59	5.04
	Rate of medication or fluid incidents per 1,000 patient days for severity level 2 - 5	< 5 per 1,000 patient days	2.76	2.85
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	120	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	84.0%	86.3%
Goal 3: Access and Coordination				
Percent of Low Acuity ED Visits	Total number of low acuity emergency department visits/Total number of emergency department visits	44.0%	42.2%	41.2%
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	338	355
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	22.8%	N/A[4]
	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	14.0%	N/A[4]

Indicator	Description	Target	2023-2024	2024-2025
Goal 3: Access and Coordination (Continued)				
Percentage of Alternate Level of Care (ALC) Days	The proportion of days a patient was assigned to the alternate level of care (ALC) patient service. ALC patients are those who no longer need acute care services but continue to occupy an acute care bed or use acute care resources while waiting to be discharged to a more appropriate care setting.	20%	23.7%	27.3%
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	1.02	NA[6]
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	1.5
	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	0.8	2.7
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	2.14	2.42
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.	95.78	99.23
Acute Care Time to Physician Initial Assessment (CTAS 1-3)[7]	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.	6.96	7.36
Percentage of Variance from Budget	Percentage of Variance from Budget	1.0%	2.00%	5.56%[8]

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 replacing Sick and Overtime per FTE. Target TBD as national standards for HR reporting are being developed.

2 HSMR Provided by CIHI. FY2023-24 latest available data.

3 Ongoing electronic patient experience surveys supplemented by a bi-annual patient experience survey (June/July and January/February). Indicator is based on "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. FY2024-2025 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. 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 Methodology for TPIA has been modified to use a different time field in the FirstNet clinical information system to better fit ED Physician workflow. Change in methodology was done in collaboration with ED Physicians and CMIO.

8 Estimate as there are still some entries remaining.

AUDITED FINANCIAL STATEMENTS

HEALTH PEI

Financial Statements
March 31, 2025

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

Michael O'Meara
Comptroller

June 30, 2025

Office of the Auditor General
Prince Edward Island

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, 2025 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, 2025, 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 30, 2025

HEALTH PEI
Statement of Financial Position
March 31, 2025

	2025	2024
	$	$
Financial Assets		
Cash	5,637,819	3,732,409
Restricted cash (Note 2b)	1,595,300	1,511,421
Accounts receivable (Note 5)	32,588,549	43,193,491
Due from the Department of Health and Wellness	124,551,644	116,649,422
	164,373,312	165,086,743
Liabilities		
Accounts payable and accrued liabilities (Note 8)	181,993,293	157,231,029
Asset retirement obligations (Note 9)	1,304,375	1,208,317
Employee future benefits (Note 10)	103,610,826	98,641,840
Deferred donations (Note 2b)	1,595,300	1,511,421
Deferred revenue (Note 11)	446,031	632,414
	288,949,825	259,225,021
Net Debt	(124,576,513)	(94,138,278)
Non Financial Assets		
Tangible capital assets (Note 14)	284,012,470	261,068,713
Inventories of supplies (Note 6)	12,170,423	10,723,103
Prepaid expenses (Note 7)	3,234,574	2,769,677
	299,417,467	274,561,493
Accumulated Surplus	174,840,954	180,423,215
Supplementary Information		
Trusts under administration (Note 19)	1,556,843	1,442,366

(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, 2025

	Budget (Note 21) 2025	2025	2024
Revenues	$	$	$
Operating grants:			
Province of Prince Edward Island:			
Department of Health and Wellness (Notes 16 and 18)	931,482,800	958,682,500	910,464,957
Federal Government	4,317,800	5,373,685	5,271,297
Fees - patient and client (Note 17)	22,629,000	23,684,793	22,603,384
Food services	1,141,400	1,254,977	1,137,281
Sales	579,400	467,144	307,102
Other	3,661,500	3,611,080	7,574,890
Operational Revenues	963,811,900	993,074,179	947,358,911
Capital grants:			
Province of Prince Edward Island:			
Department of Health and Wellness (Notes 16 and 18)	60,350,400	39,353,775	20,799,611
Other capital contributions	6,314,300	7,105,815	5,793,126
Gain on revision of asset retirement obligations (Note 9)	-	4,409	3,187,334
Capital Revenues	66,664,700	46,463,999	29,780,071
	1,030,476,600	1,039,538,178	977,138,982
Expenses			
Community Hospitals	34,049,300	37,558,715	32,367,447
Acute Care	230,044,700	257,739,657	226,300,290
Addiction Services	18,986,300	19,787,932	17,525,091
Acute Mental Health	29,054,800	29,041,291	24,617,437
Community Mental Health	29,134,100	23,862,043	24,855,122
Community Specialty Services	19,798,900	17,756,793	14,979,470
Long-Term Care	89,094,400	100,459,940	90,773,386
Private Nursing Home Subsidies	43,784,300	65,022,800	47,114,265
Public and Dental Health	22,690,800	21,570,269	22,206,365
Professional Practice and Chief Nursing Office	5,423,900	4,655,329	4,256,942
Provincial Pharmacare Programs	-	-	50,099,102
Home Care, Palliative, and Geriatric Care	41,540,600	47,284,947	37,979,573
Provincial Laboratory and Diagnostic Imaging	43,915,100	46,349,265	41,577,522
Provincial Hospital Pharmacies	11,554,100	11,908,154	10,534,244
Corporate and Support Services	40,041,300	43,153,969	27,769,679
Financial Services	12,068,300	12,687,495	10,736,966
Medical Programs – In-Province	184,532,400	175,786,484	166,287,016
Medical Programs – Out-of-Province	53,650,500	65,640,293	60,733,965
Primary Care and Chronic Disease	54,448,100	41,221,498	36,645,029
Program and Service Expenses (Note 22)	963,811,900	1,021,486,874	947,358,911
Amortization of tangible capital assets	25,922,800	23,577,122	22,141,262
Accretion expense (Note 9)	-	56,443	194,271
	989,734,700	1,045,120,439	969,694,444
Annual (Deficit) Surplus (Note 18)	40,741,900	(5,582,261)	7,444,538
Accumulated Surplus, beginning of year		180,423,215	172,978,677
Accumulated Surplus, end of year		174,840,954	180,423,215

(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, 2025

	Budget 2025	2025	2024
	$	$	$
Net Debt, beginning of year	(94,138,278)	(94,138,278)	(97,068,072)
Changes in year:			
Annual (deficit) surplus	40,741,900	(5,582,261)	7,444,538
Acquisition of tangible capital assets	(66,664,700)	(46,459,590)	(26,592,738)
Proceeds on disposal of tangible capital assets	-	-	159,501
Amortization of tangible capital assets	25,922,800	23,577,122	22,141,262
Loss (gain) on disposal of tangible capital assets	-	19,954	(159,501)
Adjustment to tangible capital assets	-	(81,243)	304,445
Increase in inventories of supplies	-	(1,447,320)	(152,882)
Increase in prepaid expenses	-	(464,897)	(214,831)
Changes in Net Debt	-	(30,438,235)	2,929,794
Net Debt, end of year	(94,138,278)	(124,576,513)	(94,138,278)

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

HEALTH PEI

Statement of Cash Flow
for the year ended March 31, 2025

	2025	2024
	$	$
Cash provided (used) by:		
Operating Activities		
(Deficit) surplus for the year	(5,582,261)	7,444,538
Loss (gain) on disposal of tangible capital assets	19,954	(159,501)
Amortization of tangible capital assets	23,577,122	22,141,262
Gain on revision of asset retirement obligations (Note 9)	(4,409)	(3,187,334)
Accretion expense (Note 9)	56,443	194,271
Changes in:		
Accounts receivable	10,604,942	6,356,967
Due from the Department of Health and Wellness	(7,902,222)	(17,289,449)
Accounts payable and accrued liabilities	24,762,264	(4,933,606)
Employee future benefits	4,968,986	4,842,245
Deferred revenue	(186,383)	(106,406)
Inventories of supplies	(1,447,320)	(152,882)
Prepaid expenses	(464,897)	(214,831)
Cash provided by operating activities	48,402,219	14,935,274
Capital Activities		
Acquisition of tangible capital assets	(46,459,590)	(26,592,738)
Asset retirement obligations settled (Note 9)	(37,219)	-
Proceeds on disposal of tangible capital assets	-	159,501
Cash used by capital activities	(46,496,809)	(26,433,237)
Change in cash	1,905,410	(11,497,963)
Cash, beginning of year	3,732,409	15,230,372
Cash, end of year	5,637,819	3,732,409

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

1. Nature of Operations

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

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

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

*Effective April 1, 2025, Department of Health and Wellness transferred its Recruitment & Retention human resource positions and budget to Health PEI. Total budget transferred was approximately $5.3 million.

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

2. Summary of Significant Accounting Policies

Basis of Accounting

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

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

a) Cash

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

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

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

g) Tangible Capital Assets

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

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

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

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

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

Buildings	40 years
Building improvements	10-40 years
Leasehold improvements	Lease term
Paving – parking lots	10 years
Equipment	5-15 years
Medical equipment	5-15 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 cost of retiring 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;
- 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.

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

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.

Patient and client fees consist primarily of long-term care resident and hospital medical service fees. Performance obligations associated with long-term care 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.

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

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) 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 establish the foundation for public sector financial reporting, standard setting, and promoting transparency, accountability and global consistency in financial reporting.
- Effective April 1, 2026 – *PS 1202 Financial Statement Presentation*, to establish a new reporting model intended to make financial statements more understandable and provide improved accountability information for users.

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

3. Use of Estimates and Measurement Uncertainty

Measurement uncertainty exists in financial statements when recorded amounts are based on assumptions or estimates. These estimates are made using the best available information at the time of preparation; however, actual results may differ, potentially resulting in material variances from the amounts reported. The accuracy of these estimates depends on the completeness and quality of the underlying information available at the time of preparation of the financial statements. As new information becomes available, estimates are reviewed and adjusted accordingly.

In these financial statements, measurement uncertainty exists in the accruals for items such as retirement and sick leave benefits, accounts receivable, assessed recoveries of physician billings, the estimate of the inventory of supplies held in nursing units and other departments, accrued liabilities for both out-of-province and in-province health services, asset retirement obligations, and potential settlements under negotiation with unions and employees. Measurement uncertainty also exists in the estimate of the useful lives of tangible capital assets.

3. Use of Estimates and Measurement Uncertainty (continued...)

The preparation of financial statements in accordance with Canadian Public Sector Accounting Standards requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, revenues, and expenses. Actual results could differ from these estimates.

Significant areas of estimation and measurement uncertainty include:

- Employee Retirement and Sick Leave Benefits: Uncertainty arises because actual outcomes may differ significantly from the various assumptions made by Health PEI related to plan member demographics and economic conditions. These assumptions impact the accruals for retirement and sick leave obligations.
- Asset Retirement Obligations (ARO): Estimates are subject to uncertainty due to variability in the expected settlement amount, the timing of settlement, and the discount rate applied. These factors may cause actual ARO to differ materially from Health PEI's estimates.
- Accounts Receivable and Assessed Recoveries of Physician Billings: Uncertainty in these estimates stems from assumptions regarding economic conditions and the financial health of creditors, particularly in relation to recoveries identified through internal audits of physician billings.
- Estimate of Inventory of Supplies held on Nursing Units and other Departments: Uncertainty arises due to Health PEI's use of various assumptions in the estimate concerning the locations, types, and stock levels of supplies inventory held on nursing units and other departments. The potential for misappropriation or loss of such supplies also exists, which may not be fully accounted for.
- Accrued Liabilities: Out-of-province and in-province health services accruals are subject to uncertainty as they are estimates that require Health PEI to make assumptions about the timing of billing submissions as well as the number of services that will be billed. Accruals for potential settlements under negotiation with unions and employees are subject to uncertainty as they are estimates that can be influenced by economic fluctuations and the results of ongoing negotiations. These factors may cause actual liabilities to differ significantly from Health PEI's accrued estimates.
- Tangible Capital Assets: The estimation of useful lives for tangible capital assets involves measurement uncertainty, as actual usage and obsolescence may differ from initial assumptions.

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.

4. Financial Instruments (continued...)

Risk Management

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

Credit Risk

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. Assessed recoveries 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:

	2025 $	2024 $
61-90 days	367,278	169,594
91-180 days	728,655	1,022,074
Greater than 180 days	1,503,405	1,015,693
	2,599,338	2,207,361

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.

5. Accounts Receivable

	2025 $	2024 $
Fees and revenues receivable	8,546,507	7,777,552
Drug product rebates (PLA agreements)	8,659,397	24,354,446
Assessments of physician billings	658,789	658,789
Hospital foundations	5,860,862	3,531,427
Province of Prince Edward Island	9,461,823	6,357,825
Employee advances	177,827	188,694
Other	2,914,443	2,424,192
	36,279,648	45,292,925
Less: provision for doubtful accounts	(3,691,099)	(2,099,434)
	32,588,549	43,193,491

The aging of fees and revenues receivable is as follows:

	2025 $	2024 $
Current	3,034,167	3,897,398
61-90 days past due	385,223	196,011
91-180 days past due	941,101	1,088,279
Greater than 180 days past due	4,186,016	2,595,864
	8,546,507	7,777,552

6. Inventories of Supplies

	2025 $	2024 $
Medical, surgical and general supplies	6,314,169	5,728,403
Personal protective equipment	1,340,095	1,543,625
Drugs	4,516,159	3,451,075
	12,170,423	10,723,103

7. Prepaid Expenses

	2025 $	2024 $
Maintenance contracts	455,126	540,908
Workers Compensation Board fees	2,342,212	2,046,730
Other	437,236	182,039
	3,234,574	2,769,677

8. Accounts Payable and Accrued Liabilities

	2025 $	2024 $
Accounts payable	58,259,285	49,907,132
Accrued liabilities	51,773,972	40,681,626
Salaries and benefits payable	38,778,903	34,886,792
Accrued vacation pay	33,181,133	31,755,479
	181,993,293	157,231,029

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 new information about activities required to settle the liability, the 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 estimate 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 liability is the discounted estimated future cash flows required to settle the ARO. The estimated liability is recorded in the period that the obligation to remediate occurs.

The discount rate utilized for asset retirement obligation calculations is 4.23% (2024 - 4.68%). The estimated total undiscounted expenditures would be $2,195,117 (2024 - $2,244,968) at the date of expected outlay with the estimated retirement years ranging from 2025 to 2038.

9. Asset Retirement Obligations (continued...)

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

	2025 $	2024 $
ARO liability, beginning of year	1,208,317	4,505,825
Estimated liabilities incurred	3,210	3,267
Estimated liabilities settled	(37,219)	-
Estimated liabilities disposed	(4,111)	(1,633)
Accretion expense	56,443	194,271
Revisions in estimated costs	77,735	(3,493,413)
ARO liability, end of year	1,304,375	1,208,317

The increase in the ARO liability value is due to a change in the estimate based on a decreased discount rate contributing to revisions in estimated costs. A gain on revision of asset retirement obligations of $4,409 (2024 - $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, 2024.

10. Employee Future Benefits (continued…)

Significant actuarial assumptions used in the valuation and projections are:

Discount rate: 4.68% (April 1, 2023 – 4.31%)

Expected salary increase: 2.50% per annum and promotional scale

Expected average remaining service life: 16 years

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 4.23% at April 1, 2025 has also been applied resulting in an increase of $2,577,106 to the accrued benefit obligation and a corresponding decrease in the unamortized gains and losses at March 31, 2025.

	2025 $	2024 $
Balance, beginning of year	66,437,444	64,173,900
Current service cost	4,269,141	4,386,500
Interest accrued on liability	2,444,822	2,230,312
Amortization of actuarial gains & losses	(324,636)	(199,543)
Less: payments made	(3,974,768)	(4,153,725)
Balance, end of year	68,852,003	66,437,444
Gross accrued benefit obligation	57,408,900	52,092,600
Unamortized actuarial gains & losses	11,443,103	14,344,844
Net accrued benefit obligation	68,852,003	66,437,444

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 hours. 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.

10. Employee Future Benefits (continued...)

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, 2024.

Significant actuarial assumptions used in the valuation and projections are:

Discount rate: 4.68% (April 1, 2023 – 4.31%)

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 4.23% at April 1, 2025 has also been applied resulting in an increase of $1,113,324 to the accrued benefit obligation and a corresponding decrease in the unamortized gains and losses at March 31, 2025.

	2025 $	2024 $
Balance, beginning of year	32,204,396	29,625,695
Current service cost	4,571,300	4,700,800
Interest accrued on liability	1,437,505	1,397,243
Amortization of actuarial gains & losses	132,151	183,625
Less: payments made	(3,586,529)	(3,702,967)
Balance, end of year	34,758,823	32,204,396
Gross accrued benefit obligation	37,026,800	33,491,200
Unamortized actuarial gains & losses	(2,267,977)	(1,286,804)
Net accrued benefit obligation	34,758,823	32,204,396

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.

10. Employee Future Benefits (continued...)

The Plan is administered by the Province of Prince Edward Island. Additional information on the pension plan as defined in the *Public Sector Pension Plan Act* can be found in the notes to the Public Accounts of the Province of Prince Edward Island. The Province is responsible for any unfunded liabilities of the Plan. A total of $27,377,192 (2024 - $25,493,807) 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 $2,098,862 (2024 - $1,866,481) 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, 2025:

	Balance, beginning of year $	Receipts during year $	Transferred to revenue $	Balance, end of year $
Health promotion projects	632,414	1,636,310	(1,822,693)	446,031

12. Contractual Rights

Health PEI has entered into a number of multi-year contracts. Any contractual rights will become revenue and assets in the future when the terms of the contracts are met. Significant rights for the next three years include:

	2026 $	2027 $	2028 $
Health promotion projects	1,268,448	506,400	518,500

13. Contingent Liabilities

Health PEI is subject to legal actions arising in the normal course of business. At March 31, 2025, 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	2025 Total	2024 Total
	$	$	$	$	$	$
Cost						
Opening balance	4,492,484	359,008,790	101,841,690	64,289,955	529,632,919	506,025,817
Additions	908,867	26,140,334	13,679,937	5,730,452	46,459,590	26,592,738
Disposals	(21,626)	(95,610)	-	-	(117,236)	(2,390,273)
Adjustments	-	77,179	4,064	-	81,243	(595,363)
Closing balance	5,379,725	385,130,693	115,525,691	70,020,407	576,056,516	529,632,919
Accumulated Amortization						
Opening balance	1,543,990	144,682,778	71,623,164	50,714,274	268,564,206	249,104,135
Disposals	(21,626)	(75,656)	-	-	(97,282)	(2,390,273)
Amortization	181,566	10,754,007	10,665,802	1,975,747	23,577,122	22,141,262
Adjustments	-	-	-	-	-	(290,918)
Closing balance	1,703,930	155,361,129	82,288,966	52,690,021	292,044,046	268,564,206
Net book value	3,675,795	229,769,564	33,236,725	17,330,386	284,012,470	261,068,713

Cost at March 31, 2025 includes assets under construction as follows:

	2025 $	2024 $
Queen Elizabeth Hospital	6,641,783	3,188,299
Prince County Hospital	55,627	301,765
Kings County Memorial Hospital	249,044	246,062
Community Health Centres	15,307,342	3,430,724
Other buildings - major improvements	3,373,052	377,102
Leasehold improvements	43,735	2,074,773
Equipment	364,488	343,697
Computer hardware and software	6,548,320	6,240,612
Vehicles	1,423,831	557,420
Paving	112,511	-
	34,119,733	16,760,454

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:

	2026 $	2027 $	2028 $	2029 $	2030 $	Thereafter $
Private nursing homes	60,244,317	-	-	-	-	-
IT maintenance	5,490,507	4,635,397	4,377,718	1,279,355	1,198,564	-
PEI Medical Society	4,837,686	4,837,686	4,837,686	4,837,686	-	-
Maintenance contracts	3,515,226	3,111,676	2,419,611	2,128,162	1,546,375	11,238,130
Education funds	800,000	400,000	200,000	-	-	-
Travel nursing & allied health	11,196,114	-	-	-	-	-
Cataract surgeries	3,544,650	3,544,650	3,544,650	3,544,650	3,544,650	-
Other	8,290,201	1,532,699	1,356,298	308,688	198,911	-
	97,918,701	18,062,108	16,735,963	12,098,541	6,488,500	11,238,130

Health PEI has $29,786,604 in outstanding contractual commitments for capital projects that commenced on or before March 31, 2025 and are still incomplete.

16. Related Party Transactions

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

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

16. Related Party Transactions (continued...)

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

	2025 $	2024 $
Transfers from the Province of Prince Edward Island:		
Operating grant - Department of Health and Wellness	931,482,800	910,464,957
Special warrant - Department of Health and Wellness	27,199,700	-
Capital grant - Department of Health and Wellness	39,353,775	20,799,611
Salary recoveries	1,299,653	1,422,928
Other sales and expenses	18,861,789	11,254,169
	1,018,197,717	943,941,665
Transfers to the Province of Prince Edward Island:		
Salary reimbursements	1,173,573	1,268,460
Insurance premiums	4,910,541	4,642,556
Public Service Commission	981,889	745,661
Property taxes	511,713	511,170
Computer hardware & software	6,686,052	3,296,186
Grants	-	5,225,000
Other expenses	3,950,605	4,216,839
	18,214,373	19,905,872

Included within the accounts receivable balance at year-end are $9,461,823 (2024 - $6,585,698) of transfers due from the Province of Prince Edward Island. Included within the accounts payable balance at year-end are $4,838,572 (2024 - $9,591,929) of transfers due to the Province of Prince Edward Island.

17. Fees – Patient and Client

	2025 $	2024 $
Long-Term Care resident fees	14,230,477	12,749,662
Hospital medical services:		
Non-residents	5,553,978	5,865,614
Uninsured hospital services - workers compensation	1,455,753	1,447,739
Other uninsured hospital services	2,403,254	2,482,560
Hospital preferred room accommodations	40,656	57,578
Other	675	231
	23,684,793	22,603,384

18. Annual (Deficit) 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 21. 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 are 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.

During the current period, a special warrant for $27,199,700 was authorized and reflected in the Statement of Operations and Accumulated Surplus for the increase in per diem rates for Private Nursing Homes, additional long-term care beds, and collective agreement ratification.

For the year ended March 31, 2025, Health PEI's results reflect an operational deficit of $28,412,695. Funding to address the operational deficit of $28,412,695 will be recognized in the Statement of Operations and Accumulated Surplus in the fiscal year in which the funding is formally authorized. As of the audit report date of these financial statements, no special warrant was authorized to cover the operational deficit.

The annual deficit for the year ended March 31, 2025 was comprised of:

	Operational	Special Warrant	Total Operational	Capital	2025 Total
	$	$	$	$	$
Grants – Province of PEI:					
Department of Health and Wellness	931,482,800	27,199,700	958,682,500	39,353,775	998,036,275
Other revenues	34,391,679	-	34,391,679	7,110,224	41,501,903
Total revenues	965,874,479	27,199,700	993,074,179	46,463,999	1,039,538,178
Program and service expenses	1,021,486,874	-	1,021,486,874	-	1,021,486,874
Amortization/accretion expenses	-	-	-	23,633,565	23,633,565
Annual (Deficit) Surplus	(55,612,395)	27,199,700	(28,412,695)	22,830,434	(5,582,261)

19. Trusts Under Administration

At March 31, 2025, the balance of funds held in trust for residents of facilities in Long-Term Care was $1,556,843 (2024 - $1,442,366). These trusts consist of a monthly comfort allowance provided to Long-Term Care residents who qualify for subsidization of resident fees. These amounts do not belong to Health PEI and they are only presented in the statement of financial position as supplementary information.

20. Subsequent Event

On June 24, 2025, a new collective agreement with the Canadian Union of Public Employees (CUPE) was ratified for the period of April 1, 2023 to March 31, 2026. This agreement was reached subsequent to the 2024-25 fiscal year-end and is considered a subsequent event.

The incremental cost of the new agreement over the three-year period is approximately $18.6 million in total and results in a budgetary shortfall of approximately $11.3 million mostly impacting fiscal year 2025-26. This shortfall is the result of additional wages and benefits increases included in the terms of the new agreement that were not originally budgeted for.

21. 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, 2025, the Province budgeted $25,922,800 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, 2025, Health PEI reallocated certain budget amounts among its divisions. The following table shows the reallocation of the original approved budget.

21. 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	931,482,800	-	931,482,800
Federal Government	5,401,600	(1,083,800)	4,317,800
Fees - patient and client	22,629,000	-	22,629,000
Food services	1,141,400	-	1,141,400
Sales	579,400	-	579,400
Other	2,577,700	1,083,800	3,661,500
Operational Revenues	963,811,900	-	963,811,900
Capital grants - Dept. of Health and Wellness	60,350,400	-	60,350,400
Other capital contributions	6,314,300	-	6,314,300
Capital Revenues	66,664,700	-	66,664,700
	1,030,476,600	-	1,030,476,600
Expenses			
Community Hospitals	34,198,900	(149,600)	34,049,300
Acute Care	228,926,300	1,118,400	230,044,700
Addiction Services	18,802,300	184,000	18,986,300
Acute Mental Health	29,423,000	(368,200)	29,054,800
Community Mental Health	29,268,900	(134,800)	29,134,100
Community Specialty Services	19,459,500	339,400	19,798,900
Long-Term Care	88,514,700	579,700	89,094,400
Private Nursing Home Subsidies	44,473,100	(688,800)	43,784,300
Public and Dental Health	23,786,400	(1,095,600)	22,690,800
Professional Practice and Chief Nursing Office	5,420,300	3,600	5,423,900
Home Care, Palliative, and Geriatric Care	42,024,000	(483,400)	41,540,600
Provincial Laboratory and Diagnostic Imaging	43,890,900	24,200	43,915,100
Provincial Hospital Pharmacies	11,592,600	(38,500)	11,554,100
Corporate and Support Services	35,196,800	4,844,500	40,041,300
Financial Services	11,963,400	104,900	12,068,300
Medical Programs - In-Province	190,212,200	(5,679,800)	184,532,400
Medical Programs - Out-of-Province	53,650,500	-	53,650,500
Primary Care and Chronic Disease	53,008,100	1,440,000	54,448,100
Program and Service Expenses	963,811,900	-	963,811,900
Amortization of tangible capital assets	25,922,800	-	25,922,800
	989,734,700	-	989,734,700
Annual Surplus	40,741,900	-	40,741,900

22. Expenses by Type

The following is a summary of expenses by type:

	Compensation $	Supplies $	Sundry* $	Equipment $	Contracted Out Services $	Buildings and Grounds $	2025 Total $
Community Hospitals	24,920,272	5,161,756	953,999	518,180	5,079,460	925,048	37,558,715
Acute Care	163,764,278	54,019,075	5,717,064	5,310,131	26,065,620	2,863,489	257,739,657
Addiction Services	16,131,673	1,110,616	1,430,010	69,150	685,339	361,144	19,787,932
Acute Mental Health	24,261,409	1,992,306	371,633	65,873	1,406,739	943,331	29,041,291
Community Mental Health	20,285,348	392,161	2,443,137	87,343	452,619	201,435	23,862,043
Community Specialty Services	13,541,666	2,903,804	560,219	371,312	368,992	10,800	17,756,793
Long-Term Care	80,919,275	8,991,456	2,652,248	1,025,673	5,398,261	1,473,027	100,459,940
Private Nursing Home Subsidies	-	-	65,022,800	-	-	-	65,022,800
Public and Dental Health	15,125,279	504,379	354,170	204,662	5,277,749	104,030	21,570,269
Professional Practice and Chief Nursing Office	4,239,425	21,982	242,440	46,780	104,702	-	4,655,329
Home Care, Palliative, and Geriatric Care	36,051,274	2,141,714	2,096,267	381,884	6,509,400	104,408	47,284,947
Provincial Laboratory and Diagnostic Imaging	25,465,225	16,482,812	820,942	320,957	3,236,063	23,266	46,349,265
Provincial Hospital Pharmacies	10,590,916	718,202	279,248	118,338	159,191	42,259	11,908,154
Corporate and Support Services	21,971,500	2,534,564	11,043,742	3,384,245	4,219,918	-	43,153,969
Financial Services	8,663,290	245,435	3,368,872	152,490	248,203	9,205	12,687,495
Medical Programs - In-Province	158,697,222	307,627	6,538,217	201,681	9,852,029	189,708	175,786,484
Medical Programs - Out-of-Province	-	-	155,599	-	65,484,694	-	65,640,293
Primary Care and Chronic Disease	35,301,671	1,897,980	1,698,790	727,773	1,122,089	473,195	41,221,498
	659,929,723	99,425,869	105,749,397	12,986,472	135,671,068	7,724,345	1,021,486,874

*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.


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NOTES:

Health PEI

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