Provincial Health Services Authority

2003-2004

ANNUAL REPORT

PHSA
PROVINCIAL HEALTH SERVICES AUTHORITY

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Annual Report
2003 - 2004

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A message from the Chief Executive Officer

Thank you for obtaining a copy of the Provincial Health Services Authority (PHSA) Annual Report which reviews our organization's activities for the fiscal year ending March 31, 2004.

I hope you will find this publication helpful in understanding the role of PHSA in relation to the PEI health system, our organizational accomplishments over the past year, our key challenges and our efforts to become more accountable to Islanders.

As an organization we are not yet two years old, however our foundation is built on the dedicated efforts of the many individuals who have contributed to the rich history of our health facilities and services.

All Island health regions and particularly Queens Health Region and East Prince Health Region continue to be important partners. As we work collaboratively with health regions, the Department of Health and Social Services and the communities we serve, I realize how much has been accomplished so far and I also realize how much work is ahead as we strive for a sustainable, accountable and effective system of Island health services.

With increasing healthcare costs, now more than ever, we must plan to ensure services are there when needed most. This report represents a commitment to be accountable to Islanders. As you review this information, I hope you gain a clearer understanding of the successes and challenges facing our organization as we strive to achieve the goals established by government in consultation with Islanders.

A special note of appreciation is extended to all volunteers who dedicate their valuable time to assist our staff, including physicians, at our various facilities. We have approximately 750 volunteers throughout our organization -- 300 at Prince County Hospital, 350 at Queen Elizabeth Hospital, 80 at Hillsborough Hospital, and 20 at Addiction Services. Volunteers are an integral part of our organization and their assistance is welcomed and appreciated by everyone.

I would like to also send a special thanks to the Foundations and Auxiliaries at Queen Elizabeth Hospital, Prince County Hospital, and Hillsborough Hospital. Their dedicated work and proven success in raising much needed dollars for equipment and special activities are appreciated.

It has been said that everyone, including government, staff/medical staff, volunteers, and the community, plays a key role in the successful delivery of healthcare services. We welcome your feedback on our services and your input into our future direction.

Respectfully submitted,

Keith Dewar
Chief Executive Officer

Executive Summary

The PHSA was established in December 2002 when it assumed administrative responsibility for the Provincial Addictions Treatment Facility, Hillsborough Hospital, Prince County Hospital and the Queen Elizabeth Hospital. This is the first annual report produced by this organization. Results for the period ending March 2003 were included in the 2002-2003 annual reports of East Prince Health Region and Queens Health Region.

The PHSA was established to facilitate planning and delivery of provincial primary and secondary acute and specialty services from a provincial perspective as a means to improve utilization, service quality and access to care for Islanders. During its first 16 months of operation, PHSA has built upon and improved organizational capacities for collection, monitoring and reporting of information about organizational performance for improving decision making and accountability. This report represents our first attempt to provide Islanders with useful information about our organizational performance, especially in those areas of greatest interest and concern. As our information management capacities evolve, we intend to continue to improve on the quality of our reports to the public as one important aspect of our public accountability.

In this report, the following information is presented:

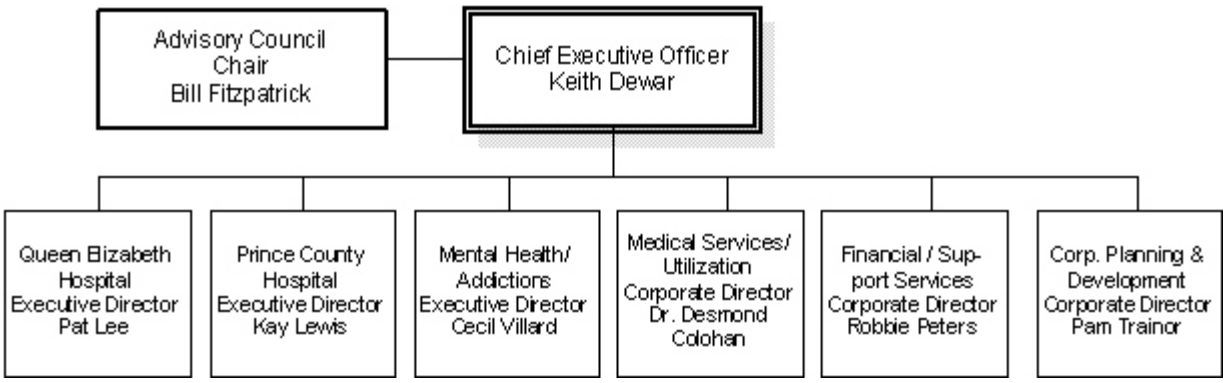
- Background information on PHSA
- Strategic Directions: 2004 - 2007
- Report on organizational performance
- More detailed supplementary information on the following areas:
    - Profiles of PHSA facilities
    - Advisory Council Annual Report
    - Updates from Foundations and Auxiliaries
    - Audited financial reports

Description of PHSA

Organization

The PHSA is administratively structured into six divisions, each of which is headed by a corporate or executive director who reports to the CEO. Of these, three divisions are responsible for front-line service delivery, namely Queen Elizabeth Hospital, Prince County Hospital, and Mental Health and Addictions, which includes Hillsborough Hospital and the Provincial Addictions Treatment Facility. In addition, three corporate divisions provide administrative and corporate support to the organization, and include Medical Services and Utilization, Finance and Support Services, and Corporate Planning and Development. The Senior Management Team provides overall direction to PHSA, and is comprised of the Chief Executive Officer and the Executive and Corporate Directors of the six PHSA Divisions.

There is also an Advisory Council consisting of representatives from each of the four Regional Health Boards with support from the CEO of PHSA and the Deputy Minister of Health and Social Services. This Council meets four times throughout the year. The Council discusses opportunities to enhance integration across the provincial health and social services system and provides advice to the CEO on matters related to the delivery of acute and specialized provincial services to the people of Prince Edward Island.



Advisory Council Membership

1. Bill Fitzpatrick, Queens Health Region Board, Chair
2. Ernest Hudson, West Prince Health Region Board
3. Melinda Mulligan, East Prince Health Region Board
4. Sherry Kacsmarik, Kings Region Health Region Board
5. Doug MacDonald, Alternate, Queens Health Region Board
6. Dr. Allen MacLean, Alternate, East Prince Health Board
7. Marion Trowbridge, Alternate, Kings Health Region Board
8. Richard Wrightman, Alternate, West Prince Health Region Board
9. Keith Dewar, CEO, PHSA (resource to Council)
10. David Riley, Deputy Minister of Health and Social Services (resource to Council)

Introduction to Divisions

Queen Elizabeth Hospital
This hospital serves as the major referral center for specialized hospital services. The hospital is a multi-service acute care facility that provides both community services and specialized provincial services. The hospital supports both inpatient and outpatient care. See the appendices for a more detailed profile of the services offered by the QEH.

Prince County Hospital
This hospital is the Province's second largest acute care hospital. The new facility was recently opened in April of 2004 to replace the former facility. The hospital offers a new ambulatory care (outpatient) centre and a range of new and enhanced community and hospital services. See the appendices for a more detailed profile of the services offered by the PCH.

Mental Health and Addictions
As the provincial in-patient psychiatric facility, **Hillsborough Hospital** offers specialized acute and long-term treatment and rehabilitation to persons who have serious and persistent mental illness, persons with intellectual disabilities and to psycho geriatric patients. In addition, the Hospital provides day services for former patients. The mental health component of this division also includes the QEH Psychiatric Unit and the Emergency Crisis Response Team.

The Executive Director of Mental Health and Addictions also has responsibilities for corporate services including Maintenance, Nutrition Services, and Environmental Services.

The Provincial Addictions Treatment Facility
As the provincial service, the Provincial Addictions Treatment Facility provides safe, medically supervised detoxification and rehabilitation from all mood altering chemicals, education in the nature of addiction and motivation to further treatment. See the appendices for a more detailed profile of mental health and addiction services.

Medical Services and Utilization
This division provides leadership in matters related to physician/medical services. In addition, this division delivers utilization services to monitor and report on service trends and the efficient delivery of services. See the appendices for a profile of the PHSA medical staff.

Finance and Support Services
This division provides support to the organization in all aspects of financial management including accounts payable, accounts receivable, payroll, accounting, materials management, fiscal management (including budgeting, forecasting and analysis). The division also manages internal information technology services.

Corporate Planning and Development
This division provides support to the organization in the areas of human resources, policy, planning, quality and risk management, performance measurement, and communications.

PHSA Purpose, Values, Principles

Purpose

To provide leadership in delivering primary and secondary acute and specialized provincial services to the citizens of PEI to help ensure their optimal health and well-being.

Values

PHSA is a professional healthcare organization responsible for providing care and treatment. This work occurs within the context of a complex set of professional and knowledge intensive relationships, often utilizing sophisticated and specialized equipment and processes. At the center of these relationships are a set of common values which share at their core the belief that *quality patient/client care is and must be at the center of all our decisions and activities as health care providers and as a health care providing organization*. Our values include:

Respect and Dignity: Our patients/clients, care givers, co-workers, and partners deserve to be afforded dignity and treated with respect.

Responsiveness: People receive the care they need, when they need it, at the most appropriate point of care and from the most appropriate care providers.

Cooperation: We work together with our co-workers and partners in service delivery in purposeful, positive, and mutually supportive and assistive relationships so that our patients/clients receive the required care, when they need it and at the most appropriate point of care.

Objectivity and Fairness: Our decisions are based on best available evidence so that patients/ clients receive the most appropriate care within the context of a sustainable health care system.

Integrity: Honesty and integrity are essential to all relationships and the basis of all accountability.

Trust and Openness: Trust and openness are the foundations of all clinical and professional relationships and provide the basis for cooperation among colleagues and are essential to continuous quality improvement and accountability.

Principles

In doing our work, we will sincerely endeavor to:

- Make decisions based on the best available evidence;
- Be guided by best practices;
- Involve staff/physicians in decision-making;
- Ensure staff have the resources required to do the job asked of them;
- Involve patients/clients in quality improvement;
- Promote a positive work environment;
- Work collaboratively and in partnership with others.

Strategic Directions

The following plan is the result of a strategic planning process involving staff, including physicians, management, and volunteers in the organization. Progress on this plan will be detailed in subsequent annual reports.

PHSA Organizational Plan 2004-2007

	Goals	Objectives	Indicators
Financial Stewardship	Contribute to the sustainability of the health and social services system	Demonstrate effective use of resources Provide timely information to support decisions Approved capital projects will be completed on time and on budget	• *Budget To Actual Expenses* • *Budget, forecast, estimate* • *Expenditures by Site / Type* • *Cost / Volume of service* • *Implementation of system performance measures and monitoring processes*
Work Life	PHSA will be the Employer of Choice	For staff, physicians and volunteers, provide an environment which contributes to: · Overall health and wellness; · Satisfaction with work; · Retention and recruitment.	• *Number of Employees* • *Vacancy Rates - Key Professions* • *Staff Satisfaction* • *Staff Incident Rate*
Patient / Client	Maintain high public confidence in the services of PHSA	Improve Public, Partner and Provider Satisfaction with services Ensure services meet and exceed acceptable standards Report to the community on system performance, progress, and results	• *Mortality Rates (ie. 30-Day Acute Myocardial Infarction {AMI} & Stroke)* • *Readmission Rates* • *Patient / Provider / Partner Satisfaction with service* • *Volunteer Hours* • *Performance reports to public*
Service Efficiency & Effectiveness	Improve Appropriate Access to Quality Health Care	Improve resource utilization and efficiency Improve access to PHSA services In partnership with others, improve integration of services along the continuum of care Alternative Service Delivery modes	• *Occupancy Rate* • *Average Length of Stay (ALOS) / Expected Length of Stay (ELOS)* • *Wait Times: i.e., DI, Surgical, Cancer* • *% May Not Require Hospitalization (MNRH)* • *Alternate Level of Care Days* • *Inpatients Awaiting Beds (IAB)*

Report on Organizational Performance

Introduction: Accountability and Reporting

> "Accountability is a **relationship** based on obligations to demonstrate, review and take responsibility for **performance**, both the results achieved in light of agreed expectations and the means used."
>
> *Sheila Fraser*
> *Auditor General*

Canadians and Islanders have been demanding accountability from their health service providers. PHSA was created as one step toward improving accountability in the PEI Health and Social Services System. PHSA takes this expectation seriously and is working to improve in the areas of results measurement, reporting and evidence based decision-making.

One way in which PHSA is striving to improve accountability is through the use of performance indicators for monitoring and reporting on organizational performance. Performance indicators have a number of uses in a variety of contexts. For instance, within PHSA, information on organizational performance is required for quality improvement, planning and decision-making. Externally, PHSA is required to provide regular reports on performance data to the provincial and federal governments. Through this annual report, PHSA will demonstrate our organizational performance to the citizens of PEI by reporting on selected indicators.

PHSA Operational Plan: 2002-2004

Upon its creation in 2002, PHSA devised a plan to guide organizational development. This plan builds upon directions set provincially and articulated through the 2001-2005 System Strategic Plan and in the objectives guiding the system realignment in 2002. The following summaries of the 2001-2005 System Plan, 2002 Realignment Objectives, and the 2002-2004 PHSA Plan provide the context for the PHSA report on organizational performance.

System Plan: 2001 – 05

Principles:
- Wellness; Sustainability; Accountability

Goals:
- Health status; Individual responsibility for health;
- Sustainability of the system;
- Public confidence in the system;
- Workplace wellness & staff moral;

Strategies:
- Wellness ;
- Healthy child development;
- Access to services;
- Human resources;
- Information Technology;
- Partnerships

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Realignment 2002

Objectives
- Improved quality and access to services
- Planned, sustainable growth
- Increased emphasis on disease prevention and wellness
- Improved health outcomes
- Improved provider satisfaction
- Improved provincial and regional accountability

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PHSA Plan: 2002-2004

Goals

Patient / Client Care:
- Improve quality of services
- Enhance Integration of services within PHSA and with other regional and community services

Efficiency & Effectiveness:
- Improve access to services

Work Life:
- Improve HR supports to staff

Financial Stewardship:
- Improve sustainability of the system

PHSA Performance and Results

During the period 2002-2004, PHSA initiated and/or brought to completion a number of significant initiatives intended to achieve organizational goals and contribute to the overall success of the provincial health and social services system. The following reviews the goals of the organization for 2002-2004, provides a summary of major initiatives undertaken to fulfill the goals, and reports on organizational performance indicators we are monitoring. In order to balance some information areas some data reported is two to three years old and is the latest available information. It is anticipated that more recent data will be reported in the next PHSA Annual Report. Continuing efforts are underway to ensure the timeliness and relevance of information presented on PHSA activities.

Patient/Client Care

Goal 1: Improve Quality of Services

Standards, practices and technologies continue to improve and health care professionals are committed to ongoing learning and continuous quality improvement.

Initiatives

Quality Structure: PHSA has implemented an ongoing quality improvement program involving staff, including physicians, volunteers and partners from throughout PHSA, the health system, and the community to continually improve patient care and outcomes. Partnership and collaboration among services and care providers are emphasized.

Accreditation: During 2003-2004, PHSA commenced its accreditation process. Health services in Canada are surveyed and accredited by the Canadian Council on Health Services Accreditation. PHSA accreditation will be completed in the fall of 2004.

Patient Safety / Provincial Risk Management: Delivery of health care services has inherent risks. We are committed to minimizing risks and to quality improvement whenever risks are identified. New systems for recording and monitoring incidents as a basis for quality improvement have been established both provincially and within PHSA.

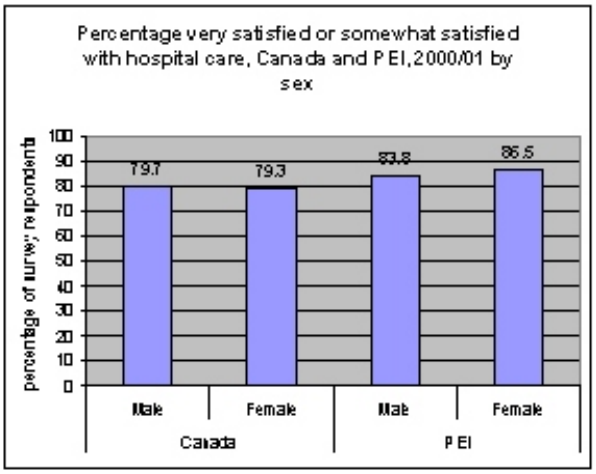
Measures and Results

If our initiatives are successful, we should expect to improve patient outcomes and satisfaction. The following were monitored during 2003-2004:

Patient Satisfaction
In-hospital Acute Myocardial Infarction (AMI) and stroke mortality
Unplanned / unscheduled readmissions

Patient Satisfaction

Patient satisfaction with services is one indicator of service quality. According to the 2000 - 2001 Canadian Community Health Survey, Islanders report high levels of satisfaction with their health services, and provide a higher satisfaction rating than other Canadians. While the rates cited here represent satisfaction with all acute care facilities in the province and not simply PHSA facilities, subsequent internal patient satisfaction surveys reveal similar levels of satisfaction with PHSA hospital care. More precise measurement of patient satisfaction is required.



In-hospital AMI and Stroke Mortality

Acute Myocardial Infarction (heart attack) and stroke are major causes of death and disability in Canada. In-hospital mortality rates are influenced by a variety of factors, including emergency treatments, quality of care in hospitals, primary physician care and prevention, as well as broader population health factors.

The rates cited here are for all acute care facilities on PEI. Rates for both the 30-day AMI and in-hospital 30-day stroke mortality are similar to 1998-1999 rates. PEI's mortality rate is similar to the national average.

In-hospital 30-Day AMI Mortality, 1999-2000 to 2001-2002	
Region	**Rate**
PEI	12.0 %
New Brunswick	12.7 %
Nova Scotia	13.6 %
Canada	*11.8 %*

In-hospital 30-Day Stroke Mortality, 1999-2000 to 2001-2002	
Region	**Rate**
PEI	21.7 %
New Brunswick	19.2 %
Nova Scotia	24.2 %
Canada	*18.7 %*

Unscheduled / Unplanned Readmissions

Unscheduled readmission to hospital can have many causes, with examples including premature discharge, inadequate discharge planning, discharge plan delay or failure, patient non-compliance, lack of community resources, and/or insufficient patient education. While some readmissions are unavoidable, shifts in readmission rates can signal the need for further investigation and quality improvement.

Unplanned Readmissions as % of Total Cases			
	Hospital	<= 7 Days Afterwards	8-28 Days Afterwards
Apr. 2003 – Dec. 2003	Prince County Hospital	3.4	3.8
	Queen Elizabeth Hospital	2.8	3.8
Apr. 2002 – March 2003	Prince County Hospital	3.5	4.3
	Queen Elizabeth Hospital	3.1	4.2

Service Efficiency and Effectiveness

Goal 2: Improve Access to Services

Access to services and wait times are major concerns for all Canadians, including Islanders. Improving access to services was a stated goal in the 2001-2005 system plan, the 2002 realignment, and in the 2002-2004 PHSA plan. Over the past few years, significant investments have been made in priority areas to ensure Islanders have appropriate access to necessary services. With the formation of PHSA, planning and investment in provincial health services has continued, and Islanders are now starting to reap the rewards of this work. Additionally, our hospital foundations and auxiliaries greatly contribute to the enhancement of equipment and technologies in PHSA facilities.

Initiatives

New Prince County Hospital*:* The new PCH officially opened in April 2004. The facilities and equipment are state of the art, and its approach to ambulatory care is recognized as leading edge around the world.

Cancer Treatment Center*:* Officially opened in 2003, the Center offers expanded cancer treatment services thereby reducing out-of-province referrals for cancer treatment by 90%. Notable features include the addition of a Linear Accelerator, provision of a separate entrance to the Centre, and 35 new and expanded rooms, including 10 new examination rooms and designated space for counselling, social work, pastoral care and nutrition services.

Magnetic Resonance Imaging (MRI): The MRI is used to identify tumours, strokes, degenerative diseases, inflammation, infection and other abnormalities. Orthopaedics, neurology, surgery, and oncology will be the principal users of this technology. Introduction of MRI on PEI should reduce out-of-province referrals for this service by 90%.

QEH Renewal*:* The QEH facility is over twenty years old and beginning to show its age. The QEH Renewal is focused on making needed improvements in the Emergency Department, enhancing Ambulatory Care services, creating additional Labor and Delivery Rooms, and making other additional but necessary capital repairs in order to maximize the life of the building.

Operating Room Review: Reviews of surgical services at PCH and QEH have been undertaken in order to provide a basis for detailed planning and quality improvement.

Alternate approaches to service delivery: The health system is complex. Single issues typically have multiple causes. Alternate approaches to service delivery can yield improvements in areas beyond where they were implemented. For instance, a transition unit was established at the QEH for medically discharged patients awaiting placement for long-term care beds. By providing these patients with the level of care appropriate to their condition, newly admitted patients, including those admitted through the emergency department, had quicker access to medical beds.

***Bed Utilization**:* The Chiefs of Staff and Chiefs of Family Medicine from QEH and PCH have been conducting weekly rounds with the Corporate Director of Medical Services where they review the current status and discharge plans for all medical patients. Their efforts have had a significant impact on improving the utilization of medical beds in their respective facilities.

Medical Services: A significant number of initiatives have been undertaken in this area and that is leading to improvements in access to care for Islanders. Highlights include:

- ***Physician Retention and Recruitment:*** PHSA has, in conjunction with the Provincial Medical Director and the Department of Health and Social Services, successfully recruited and replaced a variety of specialists (a more detailed physician retention and recruitment review is included in the Appendices). In summary, 15 new physicians were recruited to PHSA, in specialties including psychiatry, pediatrics, radiology, physical medicine, obstetrics / gynecology, laboratory medicine and ophthalmology.

- ***Nephrology:*** The arrival of a kidney specialist in Summerside has provided an opportunity to deliver dialysis services closer to home for Islanders with end-stage kidney disease (renal failure). We are working closely with the dialysis program at the QE II in Halifax to facilitate the management of these complex patients.

- ***Oncology:*** The opening of the PEI Cancer Treatment Centre at the QEH, and the successful recruitment of a full time radiation oncologist, allows PHSA to deliver radiation treatment services to Islanders who previously had to travel to Moncton or Halifax to have their cancer treated. Efforts continue to recruit an additional medical oncologist to support the work of our current two medical oncology specialists.

- ***Laparoscopic or minimally invasive surgery:*** The opening of the new PCH was coincidental with the arrival of a new General Surgeon with an expertise in laparoscopic or minimally invasive surgery. This type of surgery is becoming very popular as it achieves surgical goals with less patient pain or discomfort and faster recovery time. This surgeon has been working closely with other staff and medical staff to help develop this approach to surgery on PEI.

- ***Ear, Nose and Throat (ENT):*** An additional ENT surgeon was recruited, bringing our Island complement in this specialty to three.

French Language Services: In order to improve the provision of services in both official languages, PHSA has created a French Language Services Coordinator position and is in the process of improving coordination and delivery of services in both official languages. Some specific activities and accomplishments of the past year include:

- ***Planning:*** PHSA Plan for enhancement of French Language Services; planning and development support on a variety of successful program and grant application initiatives.

- ***Education and Training:*** The French at Lunch Program (a maintenance program developed and delivered at each site by the French Language Services

Coordinator); and French Language Training for health professionals.

- ***Communication:*** The PHSA French Language Services Directory; Improved bilingual signage; Draft French Language Communication Policy and Guidelines.

- ***Provincial and National Representation:*** Representative on the PEI French Language Health Services Network; French Language Services Coordinators Committee; and representative at the Annual General Meeting of Société en Français in September 2003 in Winnipeg

Service Efficiency and Effectiveness

Goal 3: Enhance Integration of Services within PHSA and with other Regional and Community Services

Effective health care delivery requires a team approach. Partnership and collaboration among services is essential to the efficient and effective delivery of quality care.

Initiatives

Advisory Council: Composed of representatives from each of the regional health authorities, the CEO of PHSA and the Deputy Minister of Health and Social Services, this committee meets quarterly and provides recommendations to PHSA. A copy of their first report is included in the appendices.

Addictions Review: Provincial Addictions Services were reviewed in consultation with the community and partners. The review considered the following: role of the Provincial Addictions Treatment Facility in relation to provincial and regional needs; consistency of services meeting appropriate standards, and effectiveness of linkages and protocols with other services and agencies, especially mental health.

Joint Planning Committee: Composed of the Corporate Director of Medical Services, and representatives of the medical staff from Prince County Hospital, Queen Elizabeth Hospital and Mental Health and Addictions, and attended by the Chief Executive Officer, this committee meets regularly to examine opportunities for enhanced collaboration. Activities include: discussion of the roles of Psychiatry and Diagnostic Imaging as provincial resources; recommendation of a common credentialing process for physicians; recommendation for review of Medical Staff By-laws at PCH and QEH; facilitating the meeting of PCH and QEH Paediatrics Departments; best practices for physician recruitment and retention for PHSA; and general discussions on future areas for increased collaboration between PCH and QEH.

Diagnostic Imaging and Laboratory Services: Upon formation of PHSA, Diagnostic Imaging and Laboratory services delivered by QEH and PCH were consolidated as provincial services. This was supported by the introduction of linked information systems in Diagnostic Imaging, the Radiology Information System (RIS) and Provincial Archiving and Communications System (PACS), which allows physicians at one hospital to discuss X-Rays taken at their site with a

Radiologist at the other hospital, while both are looking at the same X-Ray on a computer screen. Medical chiefs for these services played key leadership roles in the establishment of these provincial services.

Enhanced Collaboration and Cooperation: PHSA and the regional health authorities have been working together to improve services along the continuum of health care. This work has led to improvements in seniors' transition from acute to long-term care services initiatives to decrease emergency department volumes.

Measures and Results

Access to service is affected by availability of a service in a given area, the level of resources, the level of utilization, and the flow of patients / clients through the service. Services must be viewed within a provincial and sometimes even an Atlantic regional context, since challenges in one area can affect access to, or provision of services in another area. The following represent some areas monitored during 2003-2004.

Facility Occupancy Rates
Average Length of Stay / Expected Length of Stay
Ambulatory Care Sensitive Conditions
May Not Require Hospitalization
Alternate Level of Care Days
Inpatients Awaiting Beds / Hold Patients
Wait Times: Diagnostic Services; Surgical Services; Breast Cancer Radiation Therapy

Facility Occupancy Rates

Occupancy is an indicator of inpatient bed usage and is a measure of the operating volume of a facility or unit stated in relation to its capacity. The occupancy rates cited here are presented as a yearly average by unit. Caution in interpretation is required. For instance, occupancy rates vary throughout the year for such reasons as periodic bed closures or fluctuations in patient volumes. On an ongoing basis, staffing levels are determined based on expected occupancy rates. Additionally, some units provide significant volumes of ambulatory services (outpatient) rather than inpatient service, and this work will not be reflected in the rates below.

PCH Occupancy Rates		
Unit	**02-03**	**03-04**
Paediatrics	43%	35%
ICU	73%	72%
Medical	95%	95%
Obstetrics/Gynecology	58%	55%
Psychiatry	76%	67%
Surgery	80%	78%
Nursery	55%	59%

QEH Occupancy Rates		
Unit	**02-03**	**03-04**
Unit 1 (Medical/Surgical)	93%	92%
Unit 2 (Surgical)	87%	87%
Unit 3 (Medical/Surgical)	101%	113%
Unit 4 (Obstetrics)	76%	72%
Unit 5 (Paediatrics)	41%	48%
Nursery Well Baby	66%	64%
Progressive Care Unit	NA	75%
Unit 7 (Rehab Unit)	89%	83%
Unit 8 (Medical)	101%	99%
Unit 9 ADULT (Psychiatric)	82%	85%
Intensive Care Unit	NA	79%
Coronary Care Unit	80%	72%

Average Length of Stay / Expected Length of Stay

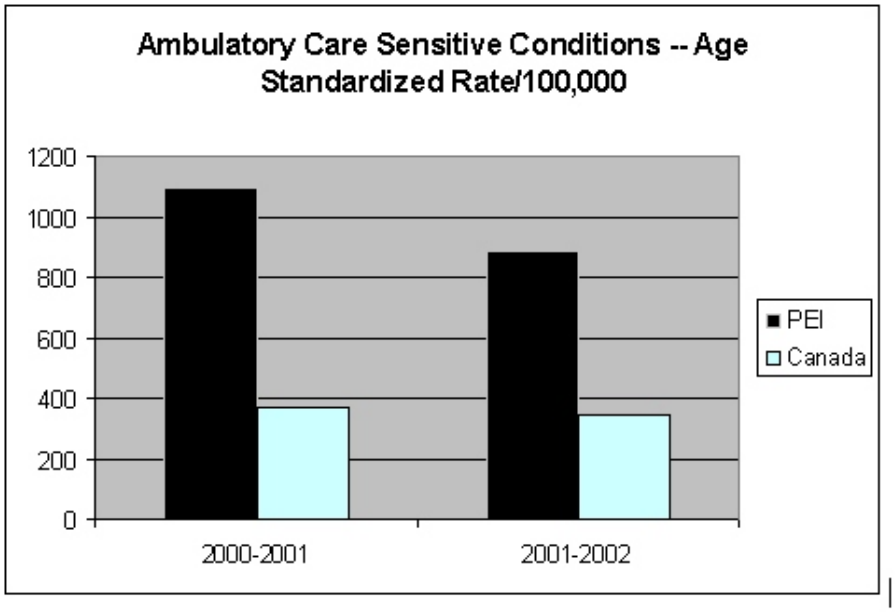
The average length of stay (ALOS) refers to the average time, in days, between admission and discharge for inpatients. While the rates cited here are for each PHSA facility, rates are also monitored and tracked by patient diagnosis. Information on ALOS is reported to the Canadian Institute for Health Information (CIHI). This organization compares the ALOS for PHSA facilities providing acute inpatient care with the average *expected* length of stay (ELOS) for patients in similar facilities. While ELOS is not available for Hillsborough Hospital, lengths of stay at QEH and PCH have run higher than ELOS. Steps have been taken toward reducing lengths of stay in key areas while at the same time maintaining the quality of patient care.

Average Length of Stay (ALOS), Average Expected Length of Stay (ELOS) By Facility					
Year	QEH		PCH		Hillsborough
	ALOS	ELOS	ALOS	ELOS	ALOS
2001-2002	8.3	5.2	6.5	4.5	29.3
2002-2003	8.0	5.1	6.9	4.5	25.8
Apr-03-Dec. '03	7.9	4.8	6.6	4.4	18.5

Ambulatory Care Sensitive Conditions

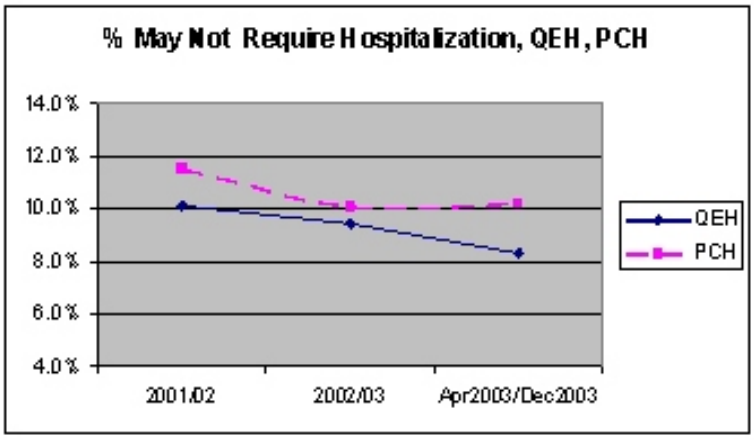
Ambulatory care sensitive conditions include chronic illnesses or conditions such as depression, anxiety disorders, asthma, hypertension and diabetes. These conditions are most effectively managed with timely and effective treatment in the community. Access to appropriate primary care is known to prevent or reduce the need for admission to hospital.

Provincially, the age standardized rate of hospitalization for ambulatory care sensitive conditions are among the highest in the country, with the PEI rate at approximately three times the national average. Efforts are underway provincially to improve delivery of primary health care services in the community to reduce the level of hospitalization for these types of illnesses.



May Not Require Hospitalization

Patients who "May Not Require Hospitalization" (MNRH) are those who have conditions that may be treated through ambulatory care rather than through admission to hospital. The MNRH rate has been decreasing at QEH and PCH over the past few years. This trend is consistent with enhancements in ambulatory care service delivery at the QEH and PCH.

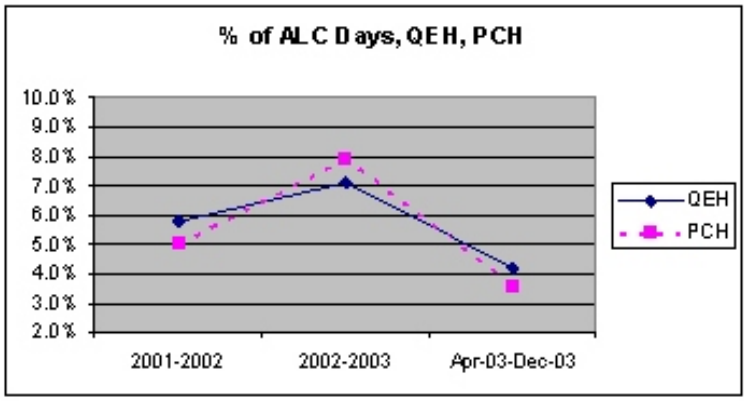


Alternate Level of Care Days

Alternate Level of Care (ALC) Days are days in which a medically discharged patient awaits placement at a long-term care facility.

Alternate Level of Care Days As % of Total Patient Days By Facility		
Year	**QEH**	**PCH**
2001-2002	5.8	5.0
2002-2003	7.1	7.9
Apr-03-Dec-03	4.2	3.6

ALC days present a major challenge. From the perspective of the medically discharged patient, the hospital is no longer the most appropriate location for care. From a health system perspective, ALC patients may affect patient flow and access to inpatient hospital services. For instance, the number of inpatients awaiting beds (IAB's) may increase if inpatient beds are not available due to ALC.



A variety of initiatives have been undertaken to reduce the rate of ALC days. There are signals of success, and we hope to see this rate continue to decrease in the coming year.

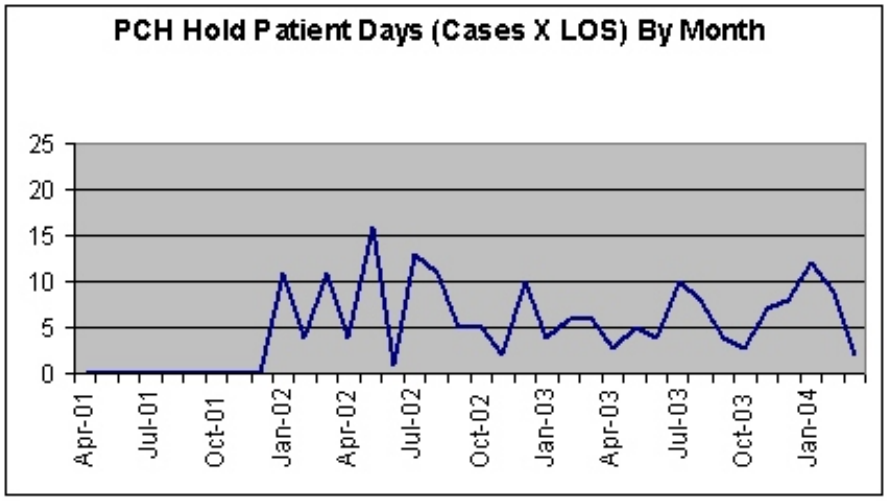
Inpatients Awaiting Beds

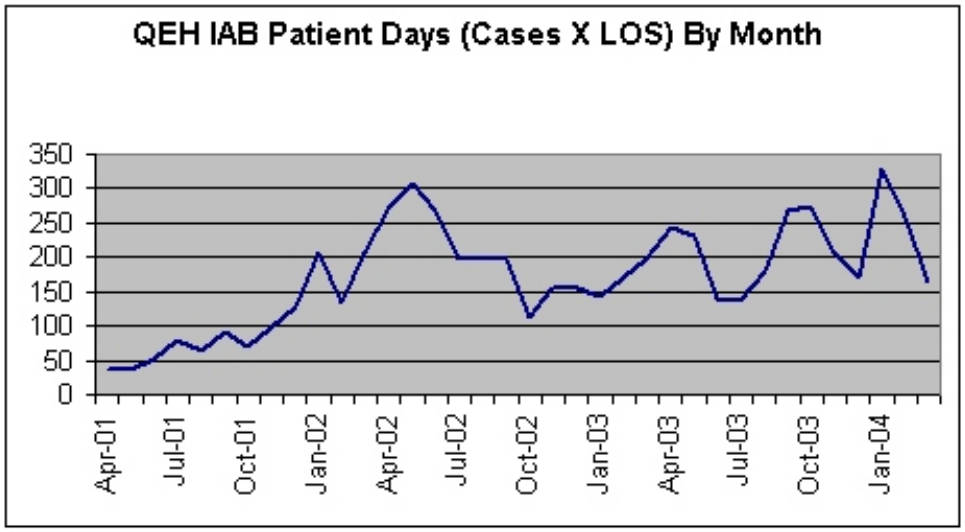
Inpatients awaiting beds (IAB's) is a term used at the QEH to describe patients admitted to hospital through the Emergency Department who cannot be transferred to an inpatient bed. Such patients physically stay in the Emergency Department until a bed is available or they are discharged. At PCH these patients are referred to as "hold patients."

IAB or hold patient days are calculated by multiplying the total number of IAB or hold patients by the length of stay of each patient.

IAB or hold patients are a matter of serious concern and trends are closely monitored. While patients do receive high quality care during their Emergency Department stay, this is not the appropriate location for the type of care required.

Initiatives such as the QEH Transition Unit have contributed to a decline in IAB patient days at that facility.





Wait Times: Diagnostic Imaging

PHSA, in its commitment to providing quality diagnostic imaging services, is working to reduce wait times where appropriate by ensuring effective manage-ment of wait lists and diagnostic equipment.

Wait times for diagnostic imaging services vary considerably depending on urgency and type of procedure. The median wait times cited here mean that 50% of the waits are above the cited amount and 50% are below this amount.

Diagnostic Imaging Wait Times, Working Days, 2002-2003

	2002	2003
Service	**Median**	**Median**
General Radiology	8	15
Ultrasound	17.5	22
CT	25	25
Nuclear Medicine	10	9
Mammography	10	5
MRI	NA	10

These times will need to be monitored and trended over time and compared with corresponding national figures.

Wait Times: Breast Cancer Radiation Therapy

With the opening of the PEI Cancer Treatment Centre and the attendant expansion of services, improved wait times for breast cancer radiation therapy is expected.

Wait times for breast cancer radiation therapy during the 2002-2003 year averaged about 3 ½ weeks.

As measurement capacity improves, we hope to provide better information on rates and trends in this area over time.

Wait Times for Breast Cancer Radiation Therapy, 2002-2003

Wait Times	**Days**	**Weeks**
Min Wait Time:	12	1.7
Max Wait Time:	51	7.3
Median Wait Time:	21	3.0
Average Wait Time:	25	3.6
Wait Distribution	**% of Patients**	
<= 2 weeks	25.0%	
> 2 weeks < 6 weeks	66.7%	
> 6 weeks < 26 weeks	8.3%	
> 26 weeks	0.0%	

Work Life

Goal 4: Improve Human Resource Supports to Staff

The staffing shortage in key health professions affects health care organizations across North America. Provincially, the PEI Health and Social Services System has undertaken a number of significant initiatives to ensure that we retain and recruit sufficient health care professionals to meet our requirements. Within this context, PHSA has played a leadership role in recruiting health care professionals while at the same time promoting satisfaction, health and safety, and recognition of our own staff. While there is more work to be done, there are many signals of success. Staff report satisfaction with their work, work places are becoming safer, and there are advances in staff recruitment.

Initiatives

Violence in the Workplace: Safety of patients / clients, visitors, volunteers and staff/medical staff, is a priority at PHSA. In recognition of this, policies and programs have been developed and implemented to address and reduce this risk.

Transfer, Lifts and Repositioning: This program features equipment, staff education, and policies which provide staff/medical staff with the necessary resources to most safely move patients / clients and materials.

Reward and Recognition: In recognition of the value PHSA places on its staff/medical staff, a Reward and Recognition Committee has been established and a variety of new initiatives have been implemented over the past year. Examples include events such as long-term service/retirement recognition, worksite recognition activities, and other opportunities to bring staff together to celebrate achievements.

Retention and Recruitment: PHSA competes with every other health care service provider in North America for highly skilled health professionals. PHSA has undertaken a number of major activities intended to attract new staff and retain current staff including:

- Ongoing collaboration with the Provincial Health Recruiter;
- Implementation of a Retention and Recruitment Task Group that has recently completed a retention plan for Nursing.
- PHSA has successfully recruited key front line and senior management staff:
  - Executive Director and Director of Nursing for the QEH;
  - Full staff complement of Radiation Therapists at the PEI Cancer Treatment Centre;
  - In collaboration with the Department of Health & Social Services, successful recruitment of salaried and fee-for-service physicians (See “Access to Services” and “Appendices” sections for details).
- Ongoing recruitment challenges: Registered Nurses, Medical Laboratory Technologists, specialty areas in diagnostic imaging, and single specialty positions such as Certified Orthotics.

Staff Satisfaction Survey: A staff satisfaction survey was administered in early 2004 followed

by unit level planning. Many initiatives have been undertaken as a result of this work, with front line staff directly involved in all stages.

Measures and Results

Access to service is affected by availability of a service in a given area, the level of resources, the level of utilization, and the flow of patients/clients through the service. Services must be viewed within a provincial and sometimes even an Atlantic regional context, since challenges in one area can affect access to or provision of services in another area. The following indicators represent some areas monitored during 2003-2004.

- Number of Employees
- Vacancy Rates in Key Positions
- Work Satisfaction
- Staff Incident Reports

Number of Employees

PHSA is one of the largest employers on PEI, employing over 2500 people. Health care providers are highly educated and possess sophisticated skills in high demand around the world. We have a responsibility to be an employer of choice, both to attract these professionals and to retain them.

Number of PHSA Employees, By Facility, as of Feb-27-04		
Facility	**# FTE's**	**# Employees**
Queen Elizabeth Hospital	1021	1562
Prince County Hospital	408	638
Hillsborough Hospital	141	207
Provincial Addictions Treatment Services (includes Lacey, Talbot, Deacon)	65	106
TOTAL PHSA	**1635**	**2513**

Nursing Positions

Nursing is the single largest category of health care professionals employed by PHSA. There are shortages in many occupational categories, and retention and recruitment efforts are directed toward all occupations employed by PHSA. PHSA is beginning to track trends in nursing staff turnover and these trends will be monitored and reported in the future.

While PHSA continues to have vacant RN permanent and temporary positions, this situation has improved dramatically over the past 12-18 months. PHSA has been extremely successful in attracting new RN graduates. Initiatives such as the Provincial Nursing Recruitment and Retention Strategy have contributed to this success.

QEH – Jan 2004 Front Line Position Complement by Classification FTE	
Classification	**FTE**
Registered Nurse I	292.66
Registered Nurse II	21.55
Licensed Practical Nurse	48.30
TOTAL	**362.51**

PCH – Jan 2004 Front Line Position Complement by Classification FTE	
Classification	**FTE**
Registered Nurse I	142.63
Registered Nurse II	12.4
Registered Nurse III	2.0
Licensed Practical Nurse	30.25
TOTAL	**187.28**

Work Satisfaction

Statement: "Overall, I am satisfied with my job." 2003	
Site	**Positive Score**
PCH	78.24%
QEH	80.12%
Addictions	96.97%
Hillsborough	81.25%

Staff satisfaction is very important to PHSA. In the 2003 staff satisfaction survey, staff generally reported high job satisfaction, however, respondents in clinical areas such as Nursing and Allied Health reported lower ratings of satisfaction than their Support Services and Corporate Services colleagues.

Areas cited for improvement include: work load management, communication, and improvements to the job feedback and Performance Appraisal processes. Work has been undertaken to gather further information and develop plans for improvement at the front line. It is hoped that the level of work satisfaction will increase by the next staff satisfaction survey, especially in the areas of nursing and allied health care professions.

Attrition

The rate of attrition (4.07%) has decreased marginally over the past three years. This rate compares well with other health service employers (8.8%) and overall industry standards (14.8%).

PHSA is a participating employer in a two-year national research project titled "Understanding the costs of Nurse Turnover in Canadian Hospitals." This study will assist in identifying retention issues and provide benchmark data for further study and action.

PHSA Attrition Rate, By Facility			
Site	**2001**	**2002**	**2003**
QEH	6.28%	5.56%	4.01%
PCH	4.29%	4.47%	4.01%
Hillsborough	4.07%	4.65%	4.11%
Addictions	1.25%	7.31%	4.59%
PHSA	**5.40%**	**5.27%**	**4.07%**

Staff Incident Reports

An incident is any event outside the normal course of operations that affects a staff person. PHSA consistently monitors and responds to staff incidents in order to ensure a healthy and safe work place. Occupational Health and Safety and Risk Management help prevent and control staff incidents.

In areas with large enough volumes to generate trends, the rate of staff incidents as well as the number of days lost to all injuries has been decreasing in recent years.

January 2004 - April 2004 PCH Staff Incidents	
Total	44

QEH Staff Incidents		
2001-02	**2002-03**	**2003-04**
290	257	218

QEH Staff Incidents by Location			
Department (excluding those without incidents)	**2001-02**	**2002-03**	**2003-04**
Nursing Total	157	126	104
Non-Nursing Total	136	131	115
Total	**293**	**257**	**219**
QEH Number Days Lost All Injuries Yearly			
	2001-02	**2002-03**	**2003-04**
Number of Days Lost	1661.5	1012.5	417

Financial Stewardship

Goal: Improve sustainability of the system

The rate of growth in spending on health care service delivery on PEI has increased in the past few years at a rate above the rate of growth of the provincial gross domestic product (GDP). The health care system is complex and is influenced by many forces, many of which are beyond its control. Some examples of cost drivers include rising drug costs, unexpected public health emergencies such as serious acute respiratory syndrome (SARS), service utilization rates and new technologies. PHSA is committed to demonstrating that it has used resources effectively, and as part of the commitment to accountability, will continue to improve on its ability to provide timely information to support evidenced based decision-making and reporting.

Initiatives

Enhanced corporate services: In the formation of PHSA, resources were allocated toward corporate services to support the organization to improve in areas of measurement, quality improvement, planning, communications, utilization and policy.

Results measurement and reporting: Initiatives include enhanced financial information management and budgeting systems, participation in provincial and national results measurement initiatives, and initiation of an organizational score card. These initiatives are intended to ensure efficient delivery of services and to provide a means to compare inputs and outcomes for services with similar organizations.

Measures and Results

Expenditures

In 2003-2004, PHSA expended $134,404,840. The following tables provide a break down of actual expenditures by site within PHSA, and by expenditures type. There are a number of drivers causing expenditures to increase each year at a rate above GDP for PEI.

Expenditures by site: 2003-2004		
Site	**Actuals per Audited Statements**	**%**
Queen Elizabeth Hospital	$85,560,277	63.7%
Prince County Hospital	$35,716,025	26.6%
Hillsborough Hospital	$8,995,755	6.7%
Addictions Services	$4,132,783	3.1%
Grand Total	**$134,404,840**	**100.0%**

Expenditures by Type:

Expenditure by Type		
Employee compensation	$90,768,574	67.5%
Capital equipment purchases	$9,585,793	7.1%
Medical-Surgical supplies	$5,991,979	4.5%
Drugs	$4,790,124	3.6%
Blood products	$3,892,000	2.9%
Facility operations	$3,630,442	2.7%
Laboratory supplies	$2,162,989	1.6%
Food and dietary supplies	$1,898,890	1.4%
Equipment maintenance/contracts	$1,549,086	1.2%
Environmental supplies	$1,050,673	0.8%
Other	$9,084,290	6.8%
TOTAL	**$134,404,840**	**100%**

Employee compensation:

- *Wage Increases:* On average, wages increased 5% per annum as a result of collective agreements. This translated into an increase of approximately $4.4 million in 2003-04.

- *New positions:* Approximately 50 full-time equivalent (FTE) positions were created for the new PCH, 26 FTE positions were created with expansion of the Cancer Treatment Center and MRI services at the QEH, and new positions were added to critical areas such as QEH Emergency Room and creation of the Transition Unit.

Cost Drivers: Although significant efforts have been made to contain costs throughout the health system, the main cost drivers for PHSA are a function of service demands and increasing costs of tests, treatments, and supplies. The following points detail significant cost drivers for PHSA.

- *Medical-Surgical Supplies:* Average annual cost increase of 15% since 2001-02. This is due to both price increases and increase use of supplies to treat patients.

- *Laboratory:* Health promotion efforts result in increased testing (i.e., screening tests for prostate cancer or diabetes). Approximately 4% more tests are performed each year over the previous year.

- *Drugs:* Average annual cost increase of 9% since 2001-02. For cancer drugs, average annual costs have increased between 30% and 40%.

- *Blood Products:* Increase of $1.8 million in 2003-04.

- *Facility Operations:* Heating and cooling costs for QEH and Hillsborough Hospital rose on average by 19% over the last two years-an increase of approximately $400,000 per year. Electricity costs increased by 19% from the previous year.

Further information to be included in the appendices:

- Audited Financial Statements

APPENDICES

Queen Elizabeth Hospital Profile

Prince County Hospital Profile

Hillsborough Hospital Profile

Addiction Services Profile

Physician Recruitment and Retention Activity

Advisory Council Annual Report

Foundations and Auxiliaries

Audited Financial Statements

Queen Elizabeth Hospital Profile

The Queen Elizabeth Hospital is responsible for the delivery of acute programs and services and continues to serve as the major referral center for specialized hospital services. The hospital is a multi-serviced acute care facility that provides both community services and specialized provincial services. The hospital supports both inpatient and outpatient care.

Acute Care Services

- Emergency Department and Outpatients
- Surgical Services
- Ambulatory Care and Inpatient Services
- Support Services

Medical, Surgical and Nursing Services as reflected in the physician complement

- Burn Care
- Coronary Care
- Psychiatry
- Organ Donor Retrieval Program
- Inpatient Oncology Services
- Rehabilitation services - Physio, OT, Speech, Orthotics and Prosthetics
- Vascular Services
- Major Orthopaedic surgery such as Joint Replacements
- Specialized gynecological surgery
- Major ENT surgery
- Eye surgery
- Urological Surgery
- Full range of plastic surgery
- Clinical Nurse Specialist - Oncology/Palliation
- Enterostomal Therapy - colostomy care
- NICU provides care to babies 32 weeks gestation and older
- Spiritual/Pastoral care

Other Provincial Services

- Incineration of biomedical waste
- Medical and electronic equipment repair
- Ambulatory Pediatric services including visiting specialist clinics
- Stress testing
- Pulmonary Function Testing
- Full scale respiratory therapy services
- Staff development extension programs to Island hospitals and Long-Term Care facilities
- Student training for a number of disciplines (medicine, RN, LNA, Physio, OT, Pharmacy, Social Work, Speech, EMT, variety of Holland College on the job training students)
- School of Radiography
- Dietetic Internship Program
- Library and reference services
- Gas sterilization of instruments and supplies
- Laboratory Medicine
- Diagnostic Imaging
- Cancer Treatment Centre

Queen Elizabeth Hospital				
DATA BY YEAR	2000--2001	2001-2002	2002-2003	2003-2004
Number of Inpatient Admissions	10,089	9,486	9,460	10,126
Number of Births	900	881	875	948
Outpatient Clinic Visits	8,729	8,282	8,282	9,326
Number of Emergency Department Visits	43,998	43,320	42,056	41,365
Prescriptions Filled	226,591	233,585	*213,586	213,586
Operating Room Procedures	8,291	7,610	7,801	7,654
Endoscopy Procedures	2,823	2,747	2,747	3,070
Physical Medicine Outpatient Clinic Visits	11,280	11,152	11,214	10,965
Medical Staff	105 Physicians	114 Physicians	118 Physicians	120 Physicians
Vascular Lab Assessments	2,265	2,164	2,357	2,328
Laboratory Medicine Tests	921,682	992,277	1,144,158	1,277,817
IWK Specialty Clinic Patients	796	845	700	555
Neonatal Intensive Care Admissions	-	-	-	62
PEI Cancer Treatment Centre Patients	-	-	-	* 24,427
Asthma Education Centre Visits	967	970	970	788
Enterostomal Therapy Patients	843	977	1,253	1,360

* The expanded PEI Cancer Treatment Centre opened in 2003

Prince County Hospital Profile

Prince County Hospital is the province's second largest acute care hospital. Effective April 2004 the Prince County Hospital moved into a new facility in Summerside. The new hospital is approximately 30 per cent larger than the old facility and will continue to provide a wide range of inpatient, outpatient and community-based health and wellness services.

The following information reflects activity at the former Prince County Hospital and does not reflect realignment of acute care services since the opening of the new facility in April 2004.

Program Service Areas:

- Emergency Department
- Oncology
- Endoscopy
- Obstetrics
- Medical
- Medical Day Surgery
- Surgery Services / CSR
- Intensive Care Unit
- Pharmacy
- Pediatrics
- Psychiatry
- Infection Control
- Palliative Care
- Ambulatory Care
- Laboratory
- Diagnostic Imaging
- Nutrition Services
- Support Services - Environmental/ Materials Management/ Information Technology/Maintenance
- Bio-Medical Services
- Electrocardiogram (ECG)
- Pastoral Care
- Physio/Occupational Therapy

Prince County Hospital				
DATA	**2000-2001**	**2001-2002**	**2002-2003**	**2003-2004**
Number of Inpatient Admissions	3,925	4,118	4,186	4,186
Number of Births	467	461	477	473
Number of Newborn Days	1,704	1,653	1,822	1,886
Number of Emergency Room / Outpatient Visits	40,698	39,385	37,401	* 32,626
Number of Inpatient Surgeries	1,066	1,293	1,203	1,224
Number of Outpatient Surgeries	1,608	1,309	1,412	1,391
Number of Endoscopy Procedures	2,391	2,425	2,538	2,761
Oncology Procedures	-	1,041	1,530	1,885
Physiotherapy Visits	-	4,755	4,452	6,278
Respiratory Clinic Visits	-	-	-	566
Total Diagnostic Exams	21,975	23,847	25,900	27,071
Laboratory Medicine Tests	366,532	397,282	414,263	417,469
Medical Staff	39 Physicians	43 Physicians	38 Physicians	49 Physicians

* Beginning in 2003-2004, scheduled visits were no longer included in this figure.

Hillsborough Hospital Profile

As the provincial in-patient psychiatric facility, the mission of Hillsborough Hospital is to offer specialized acute and long-term treatment and rehabilitation to the people of Prince Edward Island who have serious and persistent mental illness, persons with intellectual disabilities and psycho geriatric patients. In addition, the hospital provides day services for former patients.

The major specialized services offered include:

- assessment/admission/acute and sub acute treatment and management
- behavioural management
- rehabilitation/life skills
- nursing assessments
- psychogeriatric services

Professional Services provided:

- Psychiatry
- Psychology
- Social Work
- Nursing
- Occupational Therapy
- Recreational Therapy
- Physiotherapy
- Infection Control
- Pharmacy
- Pastoral Care
- *** Unit 9 - Psychiatric Unit QEH*
- *** Emergency Crisis Response Team*

Patients include:

- Patients with acute and sub-acute mental illness
- Psychogeriatric patients
- Patients with sustained and enduring mental illness
- Patients with intellectual disabilities with concurrent mental illness - behavioral management
- Patients with addictions complicated by psychiatric symptoms

*** The Unit 9 Psychiatric Unit and the Emergency Crisis Response Team are under the direction of the Executive Director of Mental Health and Addictions. Other departments under this direction include Maintenance Department, Nutrition Services and Environmental Services*.

Relationships with Community Mental Health Services: Provincial Community Mental Health Services serve as transitional facilities for individuals discharged from inpatient services. Therapeutic and case management services are provided to individuals in order to enable them to reintegrate into the community.

Relationships with Addiction Services: Joint Mental Health and Addictions Planning for service delivery, especially for shared clients and Clinical Education Programs being developed to cross-train staff in both specialty fields.

Hillsborough Hospital				
DATA	**2000-2001**	**2001-2002**	**2002/2003**	**2003-2004**
Admissions	211	181	290	278
Discharges	214	180	296	306
Number of Beds	80	75	75	75

Addiction Services Profile

The primary objective of the Provincial Addictions Treatment Facility is to provide safe, medically supervised detoxification from all mood altering chemicals, education in the nature of addiction and motivation to further treatment. The facility admits both men and women from across Prince Edward Island. Adolescents in emergency situations who require short-term observation and medication during withdrawal are also offered detoxification services.

Addiction Services offers a range of programs and services, including detoxification services, rehabilitation services, family counselling, a non-residential adolescent program, long-term care for men and women, and a shelter service for the chemically dependent recidivist.

Addiction Services continues to receive referrals from other agencies such as Correctional Services, Probation Services, Child and Family Services and Employee Assistance Programs. Assessment, treatment, and a monitoring service are available for these referrals up to six months following treatment.

The programs presently being administered by Addiction Services in the Provincial Health Services Authority are as follows:

Programs/Services:

- Shelter Unit (service to the chemically dependent recidivist)
- Detoxification Program (inpatient and outpatient medically supervised withdrawal management)
- Rehabilitation Program (residential and non-residential individual and group counselling)
- Adult Aftercare Program (Post-treatment)
- Talbot House (long-term care for men)
- Lacey House (long-term care for women)
- Family Program (education and counselling)
- Children of Alcoholics Program (COA)
- Youth Treatment Services
- Student Assistance Program
- Gambling Addiction Program
- Women's Addiction Program
- Smoking Cessation Program (outpatient)
- Seniors' Co-dependency Program

Addiction Services				
DATA	**2000/2001**	**2001/2002**	**2002-2003**	**2003-2004**
Rehabilitation Clients • **Inpatient** • **Outpatient**	100	 76 30	 43 20	 74
After Care Clients	132	76	70	117
Detoxification Clients • **Inpatient** • **Outpatient**	 619 168	 1304 130	 1380 141	 1408 180
Lacey House Admissions	28	18	14	18
Talbot House Admissions	77	55	39	46
Shelter Unit Admissions	900	912	912	794
Gambling Program (# participants)	N/A	6	11	10
Gambling Addiction Program admitted to counselling	N/A	18	10	42
Women's Addiction Services • **Inpatient** • **Outpatient**	N/A	N/A--staffed in Jan/02)	1516	298
Tobacco Dependency	N/A	196	196	144
Community Liaison ***consults within hospital**	N/A	32	29	30
Family Program Participants	894	760	971	85
Family Counselling Sessions	262	326	329	466
Family Detox Session Participants	495	822	421	220
Youth Program Individual Counselling Sessions	185	1089	1167	1016
Schools Participating in Student Assistance Program	20	15	16	10

Physician Recruitment and Retention Activity

New physician arrivals	*Psychiatry (3)*	Drs. Shawla, Schneider, Jay
	Paediatrics (1)	Dr. Morrison
	Radiology: (5)	Drs. Taylor, Foley, Islam, Khan, Moshin
	Physical Medicine (1)	Dr. Harrison
	Obs/Gyn (1)	Dr. Cassell
	Family Practice (5)	Drs. Zelen, Wilkinson, Blanchard, Taylor, White
	Laboratory Medicine (2)	Dr. Shahidi-Asl, Sellers
	Ophthalmology (2)	Drs. Price, Anand
	Geriatrics (1)	Dr. Stolz
	Surgery (1)	Dr. Bannon
Leave of Absence	Dr. Grainne Neilson, Dr. Grant Matheson, Dr. Bev Brodie, Dr. Joan McIssac	
Departures	*Family Practice*	Drs. Gillis and Blanchard
	Lab Med	Dr. Shahidi-Asl
	Psychiatry	Drs. Shawla and Zaidi
	Surgery	Dr. Wilson
	Paediatrics	Dr. Siemens
	Geriatrician	Dr. Zacharias
	Ophthalmology	Dr. Strasfeld
Succession Planning:	*General Surgery*	Retirements planned for Drs. Tom Cottreau, Ken Grant, J.P. Schaeffer
	Replacements:	Dr. Shannon Trainor, thoracic fellowship Dr. Peter Midgley, vascular fellowship Dr. G. Craswell General Surgery Nov/04 Dr. Ron MacEachern, Radiology 2005
On-going areas for physician recruitment	Internal Medicine, Medical Oncology, Orthopaedics, Otolaryngology, Plastic Surgery, Family Medicine, Psychiatry, Anaesthesiology	

Advisory Council Annual Report

This is the first annual report of the Provincial Health Services Authority (PHSA) Advisory Council. For PHSA, there have been significant milestones, with the opening of the PEI Cancer Treatment Center and the New Prince County Hospital as two examples. For the Advisory Council, this first year has been a rewarding time of learning and growth, and it is now well positioned to play a key role in enhancing linkages among the various components of the provincial health and social services system.

Background

The Provincial Health Services Authority (PHSA) was officially formed on December 8, 2002. The purpose of this organization, within the provincial health and social services delivery system of PEI, is to provide leadership in delivering primary and secondary acute and specialized provincial services to the citizens of PEI to help ensure their optimal health and well-being. A PHSA Advisory Council was to be established as part of the structure for this new organization. As outlined under the Health and Community Services Act, 16.02(2.a), the Advisory Council is to provide advice to the Board of Directors of the Provincial Health Services Authority on any matter concerning the institutions, programs or services for which the Provincial Health Services Authority is responsible.

The Advisory Council is comprised of six members: 1 member from each of the regional health authorities (appointed by the Minister of Health and Social Services), the Deputy Minister of Health and Social Services, and the Chief Executive Officer of the PHSA. The Advisory Council is required to meet four times in a calendar year and to submit an annual report to the Board of Directors of PHSA within three months of the end of each fiscal year. The following contains a report of all meetings conducted by the PHSA Advisory Council during the calendar year May 2003-April 2004, as well as a summary of findings, conclusions, and recommendations made by the Council to the Board of Directors of the PHSA.

Summary of Activities

Activities undertaken by the Advisory Council during the previous year include:

- Quarterly meetings;
- Development of Terms of Reference;
- Developing and following an education / orientation plan which included orientation sessions on PHSA services and tours of Hillsborough Hospital, Queen Elizabeth Hospital, and Prince County Hospital;
- Consistent linkage with Regional Health Authority Boards through Advisory Council membership. Specific activities included forwarding of minutes and attachments to board members accompanied by regular verbal updates at meetings.
- Sending a letter to the Minister and PHSA Board outlining recommendations for improvement at the Hillsborough Hospital;
- Participating in PHSA Planning Day (March 5, 2004); and
- Participating in PHSA Accreditation Self-Assessment process.

Advisory Council Meetings

May 1, 2003
Location: QEH Administration Boardroom
Principal Topics:
- Overview of PHSA
- Role of the Advisory Council
- Education Requirements and Information Needs

Findings, conclusions, recommendations:
- Draft Terms of Reference developed
- Proposal that the first year be committed to orientation of group to PHSA. Activities to include holding meetings at each of the four sites with on-site orientation to occur.

September 4, 2003
Location: Hillsborough Hospital
Principal Topics:
- Terms of Reference
- Advisory Council Evaluation Process
- Presentations - PHSA Mental Health and Addictions
    - The Executive Director of Mental Health and Addictions provided a tour of Hillsborough Hospital and an overview of the Mental Health and Addictions Division including bench marking information.
- CEO Update:
    - QEH Renewal initiatives
    - Prince County Hospital
- PHSA Accreditation Process
- Formal Process for Advice and Counsel to CEO and Minister

Findings, conclusions, recommendations:
- Terms of Reference approved.
- Advisory Council Evaluation Process: questionnaire approved.
- Recommendation: That Unit 7 of Hillsborough Hospital be moved to the area currently utilized by Queens region Home Care Services. Letter drafted and sent to PHSA Board (Oct. 8, 2004).
- Formal Process for Advice and Counsel to CEO and Minister: decisions / recommendations to be made by consensus where possible, and that such advice and counsel would be forwarded to the Minister and CEO by letters, minutes, annual reports, and motions followed up by letters.

December 4, 2003
Location: QEH Administration Boardroom
Principal Topics:
- Letter to Board: Alternative location for Home Care under review
- CEO Update: Integration progress
- The Executive Director of the QEH provided a tour of the hospital and an overview of its services, including bench marking information.
- PHSA Quality Framework

April 15, 2004
Location: PCH Boardroom
Principal Topics:
CEO Update

a. Auditor general report
b. Planning Update
c. Accreditation
d. Balanced Score Card
e. New PCH - opening
f. Operating Room Review - QEH and PCH
g. QEH Renewal

The Executive Director of the PCH provided a tour of the hospital and an overview of its services, including bench marking information.

Recommendations to PHSA for the coming Year (2004-2005)

The Advisory Council recommends to the Board of PHSA that the following activities be undertaken in order to improve organizational effectiveness in meeting its mandate:

- The PHSA should develop and implement a system for performance measurement and monitoring, and that reports on organizational performance be submitted to the Advisory Council regularly.

- Policies on matters of joint responsibility / interest between PHSA and the regional health authorities, such as patient movement between systems (i.e., Mental Health and Addictions continuum or the seniors continuum), should be reviewed and discussed by the Advisory Council.

- The Advisory Council should continue to facilitate communication and information exchange between regional health authority boards and PHSA.

- The Advisory Council should examine ways through which to facilitate processes to improve linkage between PHSA and the community. Steps could include review of membership and preparation of more detailed recommendations.

- The Advisory Council should continue to provide objective external advice to the Board.

- The Advisory Council should revisit each of the facilities within PHSA over the coming year and review progress and performance of each division in relation to bench marks outlined in 2003-2004.

- The Advisory Council expressed concern that the current governance structure for PHSA may pose a potential accreditation issue.

Foundations and Auxiliaries Profiles

Queen Elizabeth Hospital Foundation

Through the generosity of many donors, the QEH Foundation raised more than $1.8 Million in the past year. For the Queen Elizabeth Hospital Foundation this meant working closely with the board, volunteers, staff and donors . . . the community as a whole.

The Foundation's greatest partnership is with its donors. Many donors are grateful for the work of staff at the Queen Elizabeth Hospital and feel very strongly about helping the QEH continue as Prince Edward Island's major referral centre. It is through this strong support that the Foundation has been able to support so many areas of the hospital to replace and update medical equipment to enhance patient care for Islanders.

As a result of a very successful annual "Friends for Life" Campaign under the chairmanship of the late Dr. Kent Ellis, the Queen Elizabeth Hospital Foundation was able to provide more than $400,000 to update medical equipment for the Endoscopy Unit. This is one of the hospital's fastest growing units and this new equipment has greatly reduced the number of people who have to go outside the province for investigations and treatment. A number of beds were replaced throughout the hospital as well as medical equipment for the operating room, obstetrics/gynecology and laboratory.

Each year the Foundation puts on two special events. The first event is the Gala Yuletide Auction that is held every November and this year raised almost $100,000. Volunteers transformed the Abegweit Room of the QEH into an elegant Christmas ballroom and Nutrition Services prepared and served a lovely four-course gourmet meal. The second event is EastLink Television's 21 Hour Equipment Drive for the Queen Elizabeth Hospital that takes place every April. Organizers were astonished by the success of this year's event when Islanders pledged more than $373,585. This year's amount topped last year's total by more than $100,000 thanks to an unexpected gift by the QEH Auxiliary.

With help from Islanders, the Foundation is able to make a difference at the Queen Elizabeth Hospital, Prince Edward Island's major referral centre.

Queen Elizabeth Hospital Auxiliary

The QEH Auxiliary is beginning its twenty-third year of operations. Through major fund-raising efforts, the Auxiliary has been able to donate over two million dollars to the Queen Elizabeth Hospital, making the organization the largest single contributor to the hospital. The funds donated help purchase equipment that benefits all Islanders. The Royal Pantry and Lillibet's Gift Shop, staffed by 250 volunteers through out the year, continues to be the largest source of revenue. Other fund raising activities include book sales, concerts, raffles, Footsteps to the Future and a 50/50 draw that is held every two weeks.

The highlights of the past year for the Auxiliary were the $75,000.00 purchase of the EEG machine and the presentation of $100,000.00 to Foundation Chair, Mr. Stan MacPherson, at the annual Foundation Telethon that was held in April.

Prince County Hospital Foundation

The years 2003/2004 were a time of transition for health in our community and the Prince County Hospital Foundation played an important role. The $13.6 million Bring Good Health to Life campaign to equip the new hospital continued its successful path and most pledges will be fulfilled by 2005. The 2003 annual Vital Signs campaign wrapped up in December raising more than $436,000 for priority equipment needs. The Foundation worked closely with staff and physicians this spring to identify needs which will be met under the 2004 annual campaign.

In addition to its fund raising activities, the Foundation participated in the move to the new hospital by overseeing a number of individual projects. They formed a community-based committee to catalogue artwork and heritage items and arranged for their transfer to the new hospital. Foundation staff also helped out with the planning of the two courtyard spaces in the new hospital and helped the Auxiliary with their plans for the coffee shop and gift shop moves. It was an exciting day for everyone when the new facility opened its doors in early April.

Previously without a donor wall, the Prince County Hospital now has a state-of-the-art donor recognition project which is the centre-piece of the main lobby in the new hospital. This is where every single gift to the Bring Good Health to Life campaign is honoured, along with annual giving since January 2000.

December 2003 saw the retirement of long-standing Board Member and President, Walter Riehl. Mr. Riehl had served on the board for twelve years and had been President since the fall of 1998. Marion Arsenault took over as President in 2004, having served on the board for 10 years.

Prince County Hospital Auxiliary

The Prince County Hospital Auxiliary continues to be an important fund raising partner for the Prince County Hospital. With 25 active members and approximately 70 volunteer associates, the Auxiliary does the bulk of their fund raising within the facility itself. A percentage of the sales from the coffee kiosk, vending machines and the ATM go directly to the Auxiliary every month. The Wishing Well Gift Shop offers much-needed service to patients, visitors and staff and provides an income to the Auxiliary. The Auxiliary runs numerous other fund raising activities such as the Community Gift Wrap Booth in the County Fair Mall with proceeds going towards Oncology and Palliative Care within the PCH. Along with raffles, bake and book sales and the occasional special project, the Auxiliary supported Prince County Hospital with $43,000 in the year 2003.

A "story" quilt is currently being made. This beautiful quilt, with "story" blocks from several of the Auxiliary's past projects will soon be hung in the Ambulatory Care Department of the hospital. Many hands worked on this quilt over the past 5 to 6 years and the Auxiliary will use it to pay tribute to the many volunteers who have been a part of the Auxiliary's history.

The Auxiliary meets monthly (September to June) and new members are always welcome to join.

Hillsborough Hospital Auxiliary

This active Auxiliary is involved in a variety of initiatives to fund raise and enhance the patient care process at the Hillsborough Hospital. Fund raising includes activities such as clothing sales, raffles, dinners, and community bake sales. The Auxiliary purchased a variety of items such as CD players, cameras and prizes to support entertainment activities. Volunteers also enhance the care process through the purchasing of cards and gifts for patients during special times of the year such as Christmas and Easter.

Audited Financial Statements

Provincial Health Services Authority
Financial Statements
March 31, 2004

ARSENAULTBESTCAMERONELLIS
CHARTERED ACCOUNTANTS

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June 25, 2004

Auditors' Report

To the Board of
Provincial Health Services Authority

We have audited the statement of financial position of **Provincial Health Services Authority** as at March 31, 2004 and the statements of revenue and expenditures and unappropriated equity, revenue and expenditures and appropriated equity, cash flows and tangible capital assets for the year then ended. These financial statements are the responsibility of the organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the **Provincial Health Services Authority** as at March 31, 2004 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Arsenault Best Cameron Ellis

Chartered Accountants

Provincial Health Services Authority

Statement of Financial Position

As at March 31, 2004

	2004 $	April 1, 2003 $
Assets		
Current assets		
Cash	2,187,372	1,013,835
Investments (estimated market value – $ 340,788; April 1, 2003 - $321,385)	323,784	323,784
Accounts receivable (note 2)	5,276,110	270,688
Due from Province of Prince Edward Island Department of Health and Social Services	21,413,989	11,982,633
Prepaid expenses	801,457	408,982
	30,002,712	13,999,922
Assets held in trust	16,992	18,695
Appropriated assets	81,843	84,297
	30,101,547	14,102,914
Liabilities		
Current liabilities		
Accounts payable and accrued liabilities	18,554,579	4,399,608
Accrued vacation pay and retiring allowances	10,326,668	8,507,616
Deferred revenue	1,018,810	972,544
Current portion of long-term debt	18,439	17,499
	29,918,496	13,897,267
Long-term debt, less current portion (note 3)	84,216	102,655
Assets held in trust	16,992	18,695
	30,019,704	14,018,617
Surplus		
Appropriated equity		
Restricted fund	81,843	84,297
Unappropriated equity	-	-
	81,843	84,297
	30,101,547	14,102,914

Approved by the Board of Directors

_____ Director

Provincial Health Services Authority

Statement of Revenue and Expenditures and Unappropriated Equity

For the year ended March 31, 2004

		$
Revenue		
Contributions – P.E.I. Department of Health & Social Services	118,973,085	
Patient/client fees		
Prince County Hospital	1,327,599	
Queen Elizabeth Hospital	3,291,650	
Other income (note 2)	10,812,506	134,404,840
Expenditures		
Acute care/mental health division		
Queen Elizabeth Hospital		
Salaries and benefits	57,318,198	
Operating goods and services	28,242,079	85,560,277
Prince County Hospital		
Salaries and benefits	22,659,707	
Operating goods and services	13,049,860	35,709,567
Hillsborough Hospital		
Salaries and benefits	7,147,141	
Operating goods and services	1,848,614	8,995,755
Primary services division		
Provincial addictions services		
Salaries and benefits	3,643,528	
Operating goods and services	489,255	4,132,783
Interest on long-term debt		6,458
		134,404,840
Excess revenue for the year		-
Unappropriated equity – Beginning of year		-
Unappropriated equity – End of year		-

Provincial Health Services Authority

Statement of Revenue and Expenditures and Appropriated Equity

For the year ended March 31, 2004

	$
Restricted Fund	
Revenue	
Donations	10,960
Interest	5,092
	16,052
Expenditures	
Resident activities	18,506
Excess expenditures for the year	(2,454)
Restricted Fund equity – Beginning of year	84,297
Restricted Fund equity – End of year	81,843

Provincial Health Services Authority

Statement of Cash Flows

For the year ended March 31, 2004

		$
Cash provided by (used in)		
Operating activities		
Excess revenue (expenditures) for the year	– operating fund	-
	– restricted fund	(2,454)
Net change in non-cash working capital items		
– increase in accounts receivable		(5,005,422)
– increase in due from Province of P.E.I. Department of Health and Social Services		(9,431,356)
– increase in prepaid expenses		(392,475)
– increase in accounts payable and accrued liabilities		14,154,971
– increase in accrued vacation pay and retiring allowances		1,819,052
– increase in deferred revenue		46,266
		1,188,582
Financing activity		
Payment on long-term debt		(17,499)
Investing activities		
Decrease in appropriated assets		2,454
Increase in cash		1,173,537
Cash – Beginning of year		1,013,835
Cash – End of year		2,187,372

Provincial Health Services Authority

Statement of Tangible Capital Assets

March 31, 2004

	Land and Improvements $	Buildings $	Equipment $	Total $
Cost of tangible capital assets				
Opening cost	740,457	50,670,438	49,021,781	100,432,676
Additions during the year (note 4)	760,000	51,640,000	13,053,054	65,453,054
Closing cost	1,500,457	102,310,438	62,074,835	165,885,730
Accumulated amortization				
Opening accumulated amortization	86,841	27,333,283	21,586,266	49,006,390
Add: Amortization	32,918	2,594,712	3,863,323	6,490,953
Closing accumulated amortization	119,759	29,927,995	25,449,589	55,497,343
Net carrying amount of tangible capital assets	1,380,698	72,382,443	36,625,246	110,388,387

1 Summary of significant accounting policies

Basis of accounting

Provincial Health Services Authority is a non-profit organization incorporated under the Health & Community Services Act of the Province of Prince Edward Island.

The financial statements of Provincial Health Services Authority are prepared in accordance with Canadian generally accepted accounting principles for the public sector, as recommended by the Public Sector Accounting Board of The Canadian Institute of Chartered Accountants.

Basis of presentation

In 2002, the government of Prince Edward Island amended the Health and Community Services Act to form the Provincial Health Services Authority. Effective December 8, 2002, the Provincial Health Services Authority became responsible for the financial position and operations of the Queen Elizabeth Hospital, Hillsborough Hospital, Provincial Addictions Treatment Centre and the Prince County Hospital.

The Minister of Health and Social Services has provided for the Queen Elizabeth Hospital, Hillsborough Hospital and Provincial Addictions Services to report under the Provincial Health Services Authority effective April 1, 2003.

These financial statements do not include the assets, liabilities and activities of the Authority's related organizations, Queen Elizabeth Hospital Foundation Inc., Queen Elizabeth Hospital Auxiliary Inc., Prince County Hospital Foundation Inc. and the Prince County Hospital Auxiliary.

Restricted Fund

The Hillsborough Hospital has a Memorial Fund that is subject to certain restrictions. This fund was formed for the purpose of benefiting the residents of the institution.

Interest earned on this fund has also been designated for the purpose of benefiting the residents and is included in interest income of the Restricted Fund.

Assets held in trust

Hillsborough Hospital provides a safekeeping for residents' monies, which are primarily held in a bank account separate from the operating account.

Investments

Investments are recorded at the lower of cost and quoted market value.

Tangible capital assets

Capital assets are recorded at cost on the Statement of Tangible Capital Assets. Amortization of capital assets is recorded on the Statement of Tangible Capital Assets using the straight-line method at the annual rate of 10% for land improvements, 2.5% for buildings and 6.25% for equipment.

Capital assets purchased in the year are expensed on the Statement of Revenue and Expenditures and Unappropriated Equity.

Some of the services provided through the Provincial Health Services Authority are located in properties owned directly or indirectly by the Province of Prince Edward Island. Agreement has been reached with the Province for the Authority to use these properties at no rental charge.

Vacation pay and retirement allowances

Vacation pay is recorded as a liability when earned. Retirement allowances are recorded as a liability when an employee meets the eligibility criteria.

Management estimates

The presentation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent liabilities at the date of the financial statements and the reported amounts of revenues and expenditures during the reported period. Actual results could differ from those reported.

Fair value of financial instruments

The financial instruments of the Provincial Health Services Authority include investments, accounts receivable, due from Province of Prince Edward Island Department of Health and Social Services, assets held in trust, appropriated assets, accounts payable and accrued liabilities, accrued vacation pay and retiring allowances, and long-term debt.

The Authority has evaluated the fair value of its financial instruments based on the current interest rate environment, market values and the actual prices of financial instruments with similar terms. The carrying value of financial instruments is considered to approximate fair value.

2 Related party transactions

Accounts receivable includes $623,835 from the Queen Elizabeth Hospital Foundation Inc. and $1,062,910 from the Prince County Hospital Foundation Inc. for equipment and other purchases.

Other income includes donations from the Queen Elizabeth Hospital Foundation Inc. of $1,652,546 for equipment purchases at the Queen Elizabeth Hospital and $6,811,178 in donations from the Prince County Hospital Foundation Inc. for equipment purchases at the Prince County Hospital. These purchases are included in expenditures under operating goods and services for the respective hospitals.

3 Long-term debt

	March 31, 2004 $	April 1, 2003 $
5 3/8% Municipal Development Loan Board debenture, due 2008, payable in annual instalments of $23,957 including principal and interest	102,655	120,154
Less: current portion	18,439	17,499
	84,216	102,655

The annual principal payments required over the next five years to meet retirement obligations are as follows:

	$
Year ending March 31, 2005	18,439
2006	19,430
2007	20,475
2008	21,575
2009	22,736

Funds are provided annually by the Province of Prince Edward Island Department of Health and Social Services for the above repayments.

4 Tangible capital assets

Included in tangible capital assets is $56,000,000 in assets transferred from the Department of Health and Social Services. These assets include land, land improvements, building and equipment of $47,500,000 for the new Prince County Hospital, and $8,500,000 in land improvements, building and equipment for the P.E.I. Cancer Treatment Centre and the addition of MRI services at the Queen Elizabeth Hospital.

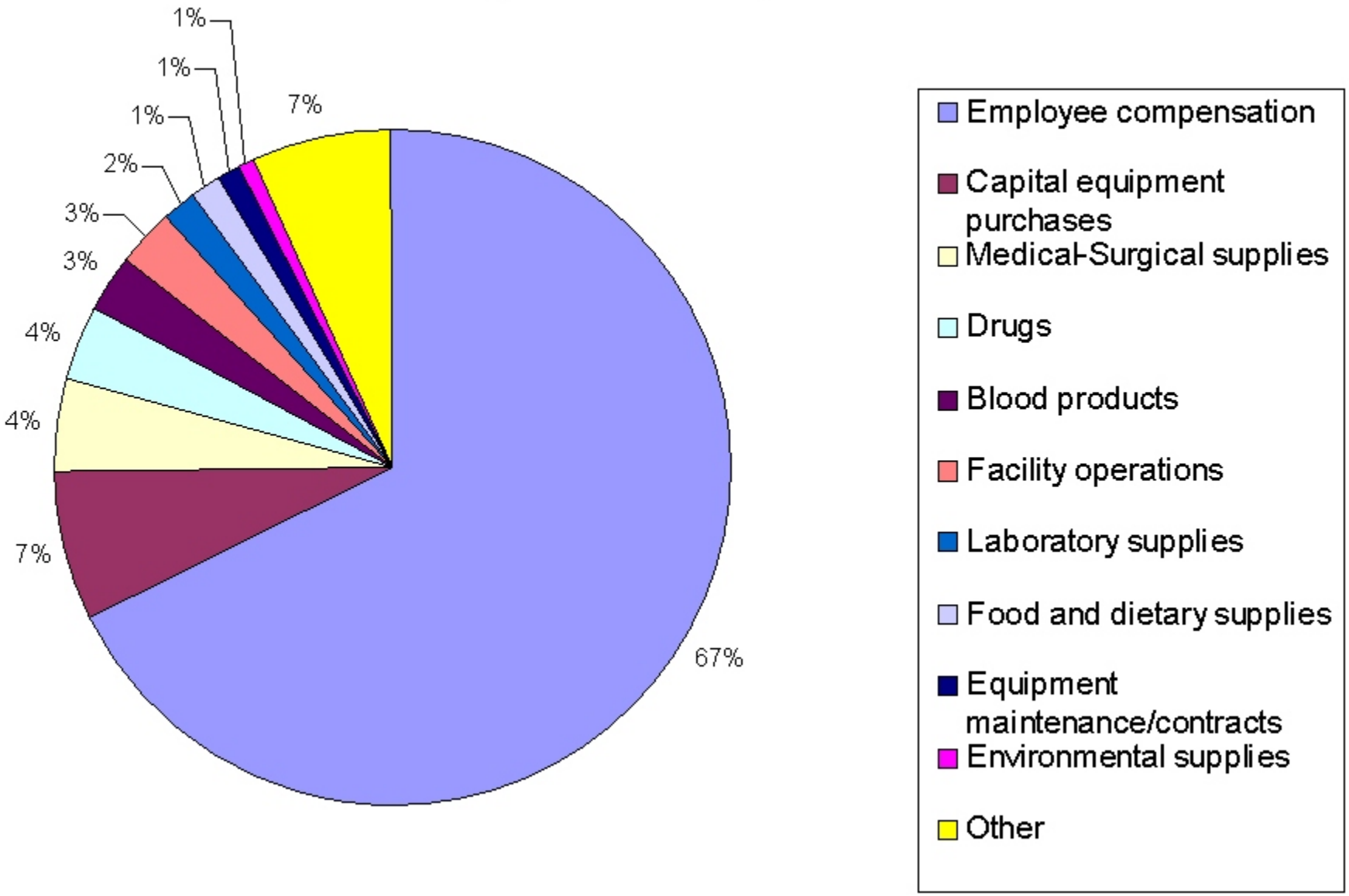
5 Pension plans

Employees of Provincial Health Services Authority belong to one of two pension plans, the Uniform Pension Plan for Employees of Prince Edward Island Health and Community Services System or the Province of Prince Edward Island Civil Service Superannuation Fund. The health pension plan is a defined benefit pension plan for basic pension contributions and a defined contribution pension plan for supplementary pension contributions. According to the most recent actuarial report dated January 1, 2003 for the defined benefit pension plan, the actuarial liability, on a going-concern basis, exceeds the actuarial value of assets and a pension fund deficit existed at that date. The civil service pension plan is the defined benefit pension plan of the Province of Prince Edward Island. The assets and liabilities, and the income and expenses generated by these pension plans are not reflected in these financial statements as the assets are not owned by, nor are the liabilities the responsibility of, the Provincial Health Services Authority.

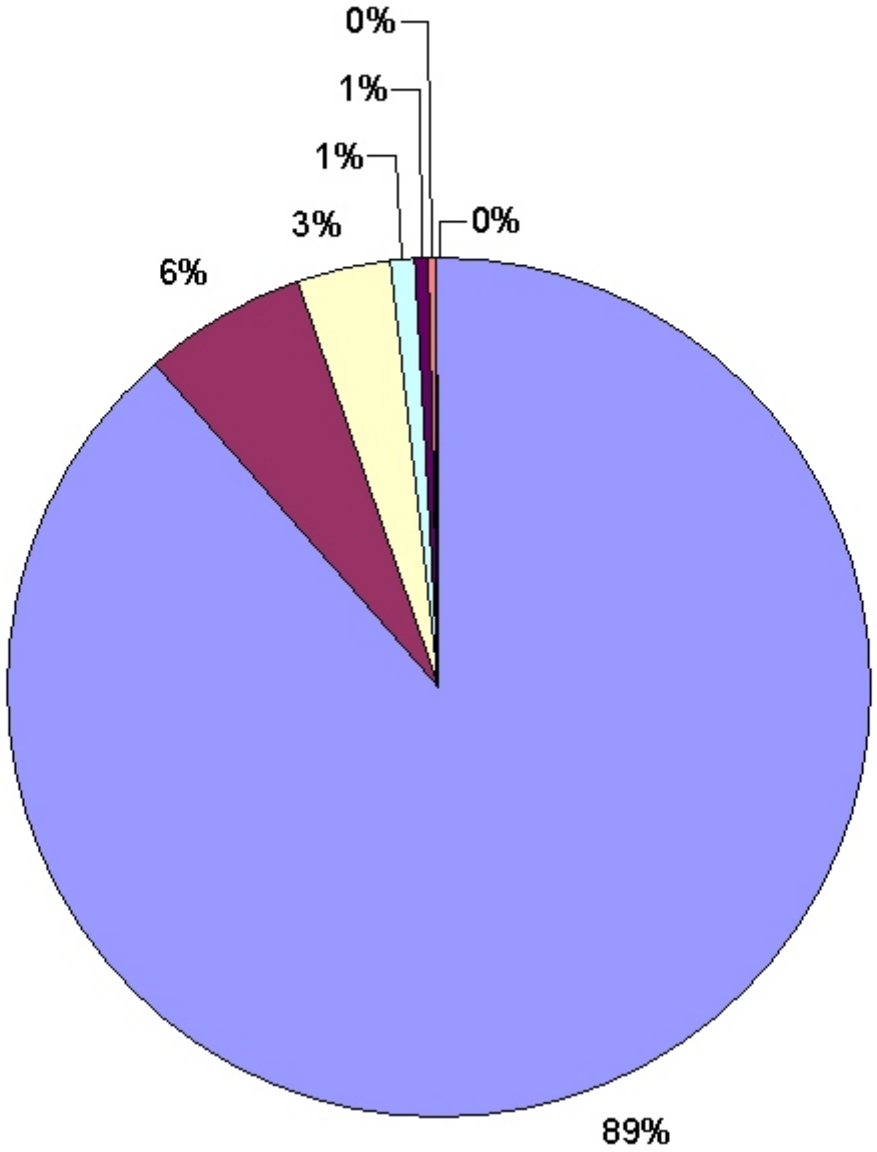
6 Comparative figures

Comparative figures for prior year's information are not included in the financial statements due to the financial information being audited and reported on by other entities as outlined in note 1 to the financial statements. The Statement of Financial Position discloses comparative information as of April 1, 2003, which were subject to an external audit under the Provincial Health Services Authority.

Summary of PHSA Expenditures



Summary of PHSA Funding & Revenue Sources



- Department of Health
- Hospital Foundations
- Patient/client fees
- Federal Health Accord
- Cafeteria sales
- Parking fees
- Other miscellaneous