



Health and Social
Services System

Ministry of Health and Social Services
Program Profiles
2002-2003



Ministry of Health and Social Services
Program Profiles

for the year ending March 31, 2003

For more information on this report, contact:
PO Box 2000, Charlottetown, PE, Canada, C1A 7N8
Tel: 902 368 4900 Fax: 902 368 4969
or visit our Web site at www.gov.pe.ca



Message from the Minister



To the Honourable J. Léonce Bernard
Lieutenant Governor of Prince Edward Island

May It Please Your Honour:

It is my privilege to present the Program Profiles of the Health and Social Services System for the fiscal year ended March 31, 2003.

Respectfully submitted,

A handwritten signature in cursive script that reads "Chester Gillan".

Chester Gillan
Minister of Health and Social Services

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Deputy Minister's Overview

The Honourable Chester Gillan
Minister of Health and Social Services
Province of Prince Edward Island



Honourable Minister:

The Health and Social Services System is committed to being accountable to the public by measuring and reporting results in two major areas: system performance and health outcomes. It is my pleasure to submit the 2002-2003 Program Profiles which present the current and planned system performance indicators including those that measure how well the programs perform and client outcomes, which measure the impact programs have on clients' health.

With regard to the information provided in the Resources components of the Program Profiles the following should be noted:

HUMAN RESOURCES

The number indicated on staff dedicated to a program is the approximate full-time equivalency and unless indicated otherwise is the combined total of health region and department staff.

FINANCIAL RESOURCES

The expenditure amounts are rounded off to the nearest thousand dollars.

I am pleased with the progress that we have made by working together, and am confident that we will be able to meet the challenges that lie ahead as we work to improve the health of Islanders.

Respectfully submitted,

A handwritten signature in black ink that reads "D.B.R." with a stylized flourish underneath.

David B. Riley
Deputy Minister

Acute Care Services

PROGRAM DESCRIPTION:

PEI has two referral hospitals, Queen Elizabeth Hospital and Prince County Hospital, and five community hospitals, Kings County Memorial Hospital, Souris Hospital, Western Hospital, Community Hospital, and Stewart Memorial Hospital. In addition, a number of acute care services are accessed by Island residents through out-of-province hospitals.

GOVERNANCE / ACCOUNTABILITY:

The Provincial Health Services Authority and the four regional health authorities are responsible for managing and delivering acute care services.

RESOURCES:

FISCAL YEAR	1998-99	1999-00	2000-01	2001-02	2002-03
HUMAN (FTE)					
Queen Elizabeth Hospital	986	1,000	1,031	1,036	1,045
Prince County Hospital	341	360	373	379	397
Kings County Memorial Hospital	71	83	85	83	91
Western Hospital	57	57	59	60	60
Community Hospital	57	62	68	66	68
Souris Hospital	56	63	65	62	66
Stewart Memorial Hospital	28	33	33	32	31
TOTAL	1,596	1,658	1,714	1,718	1,758
TOTAL EXPENDITURE	\$99,035,000	\$102,406,000	\$106,406,000	\$112,198,000	\$118,878,000

PROGRAM PERFORMANCE:

Current and planned measures

- Number of hospital beds
- Number of in-patient admissions and in-patient days
- Average length of stay
- Number of births (includes births in out-of-province hospitals)
- Number of emergency room/out-patient visits
- Wait times in emergency departments
- Number of surgeries (in-patient and out-patient)
- Most common reasons for hospitalization
- Hospitalization rates of ambulatory sensitive conditions
- Total hip replacement and total knee replacement rate
- Wait time for hip replacement and knee replacement
- 30 day in-patient mortality rate for heart attack and stroke
- Rate of patient management instructions given at discharge for heart failure
- Rate of blood cultures taken before treatment for pneumonia
- Pneumonia screen or pneumococcal vaccination rate
- Patient/client satisfaction
- Staff satisfaction

CLIENT OUTCOMES:

Current and planned measures

- **Unscheduled re-admissions for heart failure, pneumonia, heart attack and gastrointestinal bleed**

SOME RESULTS:

Hospital Bed Numbers by Year	1998-99	1999-00	2000-01	2001-02	2002-03
Queen Elizabeth Hospital	274	274	274	274	274
Prince County Hospital	112	112	112	112	112
Kings County Memorial Hospital	30	30	30	30	30
Souris Hospital	17	17	17	17	17
Western Hospital	27	27	27	27	27
Community Hospital	10	10	10	10	10
Stewart Memorial	4	4	4	4	4
TOTAL (in-province)	474	474	474	474	474
Total (out-of-province)*	50	42	31	28	30
TOTAL	524	516	505	504	504
Bed to Population Ratio**	3.8	3.8	3.7	3.6	3.6

* Represents bed equivalency. Since 2000-01, bed equivalency excludes days in lodges, hostels and alcohol and drug rehabilitation programs.

** Represents the number of beds per one thousand population.

- 51 per cent of in-patient days were used by patients aged 65 years and over at the Queen Elizabeth Hospital, while 50 per cent of in-patient days were used by patients aged 65 years and over at Prince County Hospital.
- 65-81 per cent of in-patient days were used by patients aged 65 years and over at community hospitals in PEI.

In-Province Hospital Data By Year	1998-99	1999-00	2000-01	2001-02	2002-03
Number of in-patient admissions	18,148	17,796	18,280	16,409	16,335
Number of in-patient days	144,189	148,473	140,716	133,395	130,171
Average length of stay	8	8	8	8	8
Number of births (includes births in out-of-province hospitals)	1,566	1,546	1,385	1,356	1,362
Number of newborn days	5,570	5,570	5,280	5,439	5,603
Average length of stay (newborns)	4	4	4	4	4
Number of emergency room/out-patient visits	125,062	126,696	136,681	143,694	144,283
Number of in-patient surgeries	5,235	4,852	4,743	4,689	4,536
Number of Out-patient Surgeries	5,911	6,303	6,212	5,573	5,880

MOST COMMON REASONS FOR HOSPITALIZATION* 2002-03			
By Number of Cases		By Total Hospital Days Used	
1. Gastrointestinal/digestive disease	1,072	1. Other factors (convalescence, aftercare)	5,835
2. Newborns (>2500 grams)	860	2. Gastrointestinal/digestive disease	5,361
3. Childbirths (vaginal delivery)	646	3. Stroke	4,470
4. Simple pneumonia/pleurisy	506	4. Simple pneumonia/pleurisy	3,937
5. Gynecological procedures	365	5. Heart failure	3,414
6. Other factors	347	6. Depressive mood	2,759

Data Source: PEI Discharge Abstract Database

* Data based on Case Mix Groups

Addiction Services

PROGRAM DESCRIPTION:

Addiction Services provides assessment, counselling, in-patient and out-patient detoxification, early intervention programs, rehabilitation, aftercare, public education, family support, and adolescent programs, as well as in-patient and out-patient gambling addictions programs.

GOVERNANCE / ACCOUNTABILITY:

The provincial addictions treatment facility provides in-patient detox services, addictions counselling for clients and families, gambling addictions and women's programs; and in-patient rehabilitation provincewide. In each of the health regions, services such as out-patient detox, family counselling, smoking cessation and student assistance are offered. The department works with addiction partners to develop policies, standards, programs, coordination and public awareness on addiction issues.

RESOURCES:

FISCAL YEAR	1999-00	2000-01	2001-02	2002-03
HUMAN (FTE)	106	109	113	115
FINANCIAL	\$ 4,545,000	\$ 5,603,000	\$ 5,901,000	\$ 5,958,100

PROGRAM PERFORMANCE:

Current and planned measures

- Number of clients using programs (In-patient & Out-patient Detox, Out-patient Rehabilitation, Gambling, Women's, Youth, Smoking Cessation and Family Counseling)
- In-patient occupancy rates
- Re-admission rates
- Wait times for admission, diagnosis, service and follow-up care
- Length of follow-up and level of community support
- Unit cost of service
- Client satisfaction
- Staff satisfaction

CLIENT OUTCOMES:

Current and planned measures

- Abstinence rates
- Rate of alcohol consumption
- Functional status (ability to function on a daily basis)
- Number of clients able to maintain work and family commitments while receiving treatments
- Number of clients using out-patient programs to make an earlier transition to the community
- Number of clients using early intervention programs compared to the number using in-patient detox

SOME RESULTS:

In-Patient Addiction Beds - Provincial Addiction Facility

CATEGORY	2000	2001	2002	2003
Detox	25	25	25	25
Rehab	15	15	15	15
Shelter	6	6	6	6
Long-Term	31	31*	31*	29*
TOTAL	77	77	77	75

* St. Eleanors House (9 beds) and Talbot House (14 beds) and Lacey House (6 beds). The old Lacey House facility had 8 beds.

In-Patient Detox Admissions by Region - Provincial Addiction Facility

REGION	2000-01*	2001-02	2002-03	TOTAL
West Prince	68	107	116	291
East Prince	134	197	195	526
Queens	543	771	835	2,149
Southern Kings	76	105	115	296
Eastern Kings	45	95	87	227
Other		31	37	68
TOTAL	866	1,306	1,385	3,557

* Admissions for 2000-01 are from the opening date of the Provincial Addiction Facility on November 11, 2000 to the end of the fiscal year, March 31, 2001.

Admissions to In-Patient Programs by Region, 2002-03 - Provincial Addiction Facility

REGION	MALE	FEMALE	TOTAL
West Prince	94	22	116
East Prince	167	28	195
Queens	642	193	835
Southern Kings	88	27	115
Eastern Kings	66	21	87
Other	27	10	37
TOTAL	1,084	301	1,385

Admissions to Out-Patient Programs by Region, 2002-2003

REGION	DETOX ¹		REHAB SERVICES		REHAB OP PROG 3 or 4 WEEK		FAMILY SERVICES		ADOLESCENT SERVICES		SMOKING CESSATION		OTHER SAP		TOTAL
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
West Prince	160	6	61	31	14	5	3	29	51	45	32	30	14	23	563
East Prince	296	80	20	47	69	3	17	70	73	23	50	79	55	83	1151
Queens	119	51	411	18	31	19	12	50	66	39	89	107	88	168	1434
S & E Kings	124	51	98	34	14	4	12	43	26	15	89	119	13	9	651
TOTAL	699	24	776	296	12	31	44	192	216	122	26	335	17	283	3799

¹ includes alcohol and other drugs, gambling

Adoption Services

PROGRAM DESCRIPTION:

Adoption Services recruits adoptive families for Island children in need of alternative family situations. The program monitors private sector adoptions to ensure they comply with legislated standards. In addition, assistance is given to people with international adoptions. A client service for adult adoptees and birth families who seek information and/or reunions is also provided.

GOVERNANCE / ACCOUNTABILITY:

Delivered by the department, Adoption Services works in partnership with the health regions moving children to adoption, and supervising and supporting adoption placements.

RESOURCES:

FISCAL YEAR	1999-00	2000-01	2001-02	2002-03
HUMAN (FTE)	9.5	9.5	9.5	9.5
FINANCIAL	<i>Program funded under the overall budget for Child Protection Services.</i>			

PROGRAM PERFORMANCE:

Current and planned measures

- Number of adoptions (including private and international adoptions)
- Number of new applications for Post Adoptive Services
- Number of matches
- Number of successful adoptive placements
- Rate of placement for children with adoptive needs
- Wait times for assessment and placement for children with adoptive needs
- Number of permanent wards adopted
- Number of applicants and approved families for adoptions
- Number of inquiries for adoptions (including private and international adoptions)

CLIENT OUTCOMES:

Current and planned measures

- Positive outcomes for children in care who are adopted

SOME RESULTS:

- Increase in the number of permanent wards adopted
- Increase in the number of applicants and approved families for adoptions
- Decrease in the wait time for assessment of adoptive applicants, especially for Queens Health Region
- Increased difficulty finding families willing to adopt children with special needs without an ongoing supported adoption program (new PEI Supported Adoption Program will be implemented in 2003).
- Increase in the number of active searches for adult adoptees
- Increasing number of inquiries about international adoptions
- Increase in the number of special needs adoptions

Number of Adoptions

FISCAL YEAR	1998-99	1999-00	2000-01	2001-02	2002-03
Private*	22	28	17	15	21
Departmental	7	9	6	9	9
International (Private)	0	1	1	1	2
TOTAL	29	37	23	24	30

* Includes step-parent.

**International adoptions are included in the number of private adoptions. They are indicated separately for profile only.

New Applications for Post Adoptive Services

FISCAL YEAR	1998-99	1999-00	2000-01	2001-02	2002-03
New Applications	57	83	71	62	72
Services Provided	140	114	64*	156	115
Active Searches on behalf of Adult Adoptees	47	39	23*	64	49
Matches	15	9	6	10	6

* Post Adoptive Consultant on medical leave in 2000-01.

Department Special Needs Adoptions

FISCAL YEAR	1998-99	1999-00	2000-01	2001-02	2002-03
Special Needs Adoption	5	5	5	5	7

Permanent Ward Adoptions

DECADE	1980 - 1989	1990 - 1999
Average Number of Low Risk Infant Adoptions per Year	9	4
Average Number of Special Needs Adoptions per Year	9	5
TOTAL NUMBERS OF PERMANENT WARD ADOPTIONS	175	90

Ambulance Services - Air Ambulance

PROGRAM DESCRIPTION:

Emergency air evacuation services are contracted and purchased from New Brunswick Air Care and Nova Scotia Emergency Health Services. At a cost from \$6,500 to \$11,000 per transfer, this is a comprehensive service requested by physicians only when patients meet criteria for critical transfer.

GOVERNANCE / ACCOUNTABILITY:

This service is monitored by the department, based on standards and performance criteria established in Memoranda of Agreement with the provinces of Nova Scotia and New Brunswick.

RESOURCES:

FISCAL YEAR	1998-99	1999-00	2000-01	2001-02	2002-03
FINANCIAL	\$ 497,000	\$ 380,000	\$ 580,000	\$ 502,000	\$ 495,825

PROGRAM PERFORMANCE:

Current and planned measures

- Number of air ambulance transfers
- Compliance with response time and flight time standards
- Compliance with qualification and training standards for aircraft personnel
- Compliance with Flight Safety Program

SOME RESULTS:

AIR AMBULANCE TRANSFERS	1998-99	1999-00	2000-01	2001-02	2002-03
New Brunswick Air Care	8	3	7	6	3
Nova Scotia Emergency Health Services	41	39	48	47	39
TOTAL	49	42	55	53	42

MONITORING OF PERFORMANCE STANDARDS:

A number of performance standards are monitored through the contracts between the Department of Health and Social Services and air ambulance providers, including:

- (a) compliance with response time and flight time standards;
- (b) compliance with qualification and training standards for aircraft personnel;
- (c) compliance with Flight Safety Program.

Acceptable standards are being achieved in all areas.

Ambulance Services - Ground Ambulance

PROGRAM DESCRIPTION:

Ground Ambulance 24 hours, seven days per week, pre-hospital emergency services are provided by five private operators.

GOVERNANCE / ACCOUNTABILITY:

Subsidization to private operators is provided through the PEI Ambulance Assistance Program which is administered by the department. The Emergency Medical Services Board licenses and monitors the service to ensure compliance with legislated standards and regulations.

RESOURCES:

FISCAL YEAR	1998-99	1999-00	2000-01	2001-02	2002-03
HUMAN (FTE)*	0.7	0.7	0.7	0.7	0.7
FINANCIAL	\$ 1,699,000	\$ 1,852,000	\$ 2,887,000	\$ 3,152,000	\$ 3,249,176

* Department only

PROGRAM PERFORMANCE:

Current and planned measures

- Number of calls to ambulance services (including out of province transports)
- Number of out-of-province transports
- Number of repatriations (returns to PEI)
- Wait time from receiving call to ambulance leaving, en route to the scene
- Compliance with patient care protocols
- Compliance with Ambulance Vehicle Maintenance Program
- Completeness of Call Report Forms and Incident Reports
- Patient satisfaction

SOME RESULTS:

- The number of calls to ambulance services has decreased slightly over 2001-02
- The number of out-of-province transports has decreased slightly over 2001-02

Breakdown of calls by ambulance service

AMBULANCE SERVICE	1998-99	1999-00	2000-01	2001-02	2002-03
Neils	2,909	2,708	3,297	3,991	3,817
Royal	1,655	1,788	2,042	2,271	2,366
Rooneys	725	911	790	953	898
West Prince	661	643	764	852	865
Kings County EMS	1,334	1,411	1,597	1,647	1,641
TOTAL	7,284	7,461	8,490	9,714	9,587

Out of province ambulance transports¹

AMBULANCE TRANSPORTS	1998-99	1999-00	2000-01²	2001-02	2002-03
Transports from PEI to Out of Province Hospitals	226	225	332	406	402
Repatriations Back to PEI	178	195	187	218	206
TOTAL	404	420	519	624	608

¹Out-of-Province Transports are included in the total calls identified in the above table.

²The Out-of-Province Medical Transport Support Program was established effective April 1, 2000.

MONITORING OF PERFORMANCE STANDARDS:

The Ambulance Service Performance Based Contract defines standards related to operational practices and service quality. Operators are adjusting well to new performance requirements with good compliance in all areas including:

- (a) Wait time from receiving call to ambulance leaving, en route to the scene
- (b) Patient care protocols
- (c) Ambulance Vehicle Maintenance Program
- (d) Completeness of Call Report Forms and Incident Reports

An ambulance service Patient Satisfaction Survey was conducted in December 2001. Survey results indicate a very high level of satisfaction with ground ambulance services:

- 94% of respondents ranked their overall experience with the ambulance services as either "excellent" or "good".
- All other questions designed to measure satisfaction (such as prompt arrival, clean, well-equipped and supplied ambulances, professional staff appearance, courteous behaviour of staff, respect for privacy, being kept informed, and explaining interventions) received similar high satisfaction scores.
- All five ambulance services met the contract performance standard of 90% satisfaction with services provided.

Child Protection Services

PROGRAM DESCRIPTION:

Child Protection responds to the need to involve legal processes that aid in the resolution of child protection matters to ensure sensitivity to the developmental needs of the child. The overall goal is to prevent, remove, or lessen the causes of child abuse or neglect.

GOVERNANCE / ACCOUNTABILITY:

The health regions are responsible for local operations and delivery of child protection services. The department has overall administration and enforcement functions including legal and operational support and investigations.

RESOURCES:

FISCAL YEAR	1998-99	1999-00	2000-01	2001-02	2002-03
HUMAN (FTE)	58.9*	60*	60*	60*	60*
FINANCIAL	\$ 4,278,000**	\$ 4,679,000**	\$ 5,149,000**	\$ 7,700,000	\$ 8,200,000

* These positions focus in whole or in part on child protection.

**Includes departmental budgets, children in care special allowance costs, maintenance of children costs and provincial group home-costs.

PROGRAM PERFORMANCE:

Current and planned measures

- Number of child protection files per year
- Number of children in care per year
- Number of active cases of children in care
- Number of days for children in care
- Number of children in need provided with legal support
- Number of Intake investigations completed within three months
- Number of focussed interventions completed within six months
- Wait time for assessment for children in care
- Unit cost of services for children in care

CLIENT OUTCOMES:

Current and planned measures

- Functional status for children in care

SOME RESULTS:

- Reduction in number of reports requiring child welfare services
- Reduction in percentage of children coming into care relative to number of protection services open
- Reduction in total number of children in care days per child
- Reduction in time between service open and service closed
- Increasing numbers of child protection investigations in East Prince and in Queens Health Regions.

Child Protection Files by Region

FISCAL YEAR	1999-00	2000-01	2001-02	2002-03
West Prince	110	102	41*	158
East Prince	144	189	113	94
Queens	293	333	326	288
Southern Kings	39	44	38	31
Eastern Kings	23	19	20	24
TOTAL	609	678	538	595

* Data tracking was incomplete.

Children in Care By Region

FISCAL YEAR	2000-01		2001-02		2002-03	
	CARE DAYS	TOTAL IN CARE	CARE DAYS	TOTAL IN CARE	CARE DAYS	TOTAL IN CARE
West Prince	6,499	30	7,869	35	5,410	26
East Prince	13,216	72	12,466	72	13,257	63
Queens	39,915	175	50,262	182	54,673	218
Southern Kings	8,166	29	8,419	29	13,950	45
Eastern Kings	2,370	11	3,478	11	1,755	10
TOTAL	70,166	317	82,494	329	89,045	362

Legal Case Support (Other than Criminal Code)

CALENDAR YEAR	1998	1999	2000	2001	2002
Clients Represented	72	83	72	77	70

Community Care Facilities

PROGRAM DESCRIPTION:

A Community Care Facility is a privately operated licensed establishment with five or more residents. These facilities provide semi-dependent seniors, and semi-independent physically and mentally challenged adults with accommodation, housekeeping, supervision of daily living activities, meals, and personal care assistance in grooming and hygiene. Care needs for individuals eligible for these facilities are assessed at levels one to three. Residents are eligible for financial assistance under the *Social Assistance Act and Regulations*.

GOVERNANCE / ACCOUNTABILITY:

The Community Care Facilities and Nursing Homes Board licenses Community Care Facilities and is mandated to monitor these facilities for compliance under the authority of *Community Care Facilities and Nursing Homes Act and Regulations*.

RESOURCES:

FINANCIAL	<i>This program is funded under the overall Social Assistance Program budget.</i>
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PROGRAM PERFORMANCE:

Current and planned measures

- Number of licensed community care facility beds

SOME RESULTS:

- The number of licensed Community Care Facility beds has increased by 23.1 per cent since 1998

LICENSED COMMUNITY CARE BEDS	1998-99	1999-00	2000-01	2001-02	2002-03
West Prince	91	91	91	91	96
East Prince	190	243	243	245	244
Queens	369	379	423	445	497
Southern Kings	92	92	82	95	84
Eastern Kings	32	32	32	32	32
TOTAL	774	837	871	908	953

Dental Public Health Services

PROGRAM DESCRIPTION:

Dental Public Health (DPH) assists Islanders achieve and maintain good oral health. Depending upon the nature of the treatment, the service is provided by either DPH staff or a private dentist. Programs offered are Children's Dental Care Program (CDCP), Preventive Orthodontic Program, Long Term Care Facilities Dental Program, Early Childhood Dental Initiatives, Cleft Palate Orthodontic Treatment Funding Program, and Pediatric Specialist Services Dental Program.

GOVERNANCE / ACCOUNTABILITY:

Dental Public Health is delivered and administered across the province by Queens Health Authority. Services provided by participating private dentists are guided by the Schedule of Services and Tariffs. Monitoring of services is done through the Claims Processing System.

RESOURCES:

FISCAL YEAR	1998-99	1999-00	2000-01	2001-02	2002-03
HUMAN (FTE)*	22.8	23.2	24.1	23.4	23.4
FINANCIAL	\$ 2,075,000	\$ 2,106,000	\$ 2,256,000	\$ 2,301,000	\$ 2,518,100

* Regional only.

PROGRAM PERFORMANCE:

Current and planned measures

- Number of children receiving dental services through the CDCP
- Number of children registered with Preventive Orthodontic Clinic
- Number of children treated with orthodontic appliances
- Number of children receiving preventive dental services
- Number of children screened by Early Childhood Dental Programs
- Number of clients screened in long-term care facilities

CLIENT OUTCOMES:

Current and planned measures

- Rates of tooth decay, missing or filled teeth
- Percentage of children who have dental treatment needs

SOME RESULTS:

CATEGORY	2000-01	2001-02	2002-03
Children's Dental Care Program			
Children receiving dental services	17,482	18,115	17,218
Utilization rate, children 3 - 17	69%	73.9%	70.3%
Average number of decayed, missing or filled teeth, grade 6 - 7 children	1	0.8	0.7
No decay on permanent teeth, children 12 - 13	65%	69.1%	68.2%
Average number of decayed, missing or filled teeth, adolescents graduating from CDCP		2.2	1.9
No decay on permanent teeth, adolescents		46%	43.3%
Children receiving preventive dental services			
Children receiving preventive dental services	16,907	15,984	15,919
Preventive Orthodontic Clinic			
Children registered	513	497	455
Orthodontic appliances - children treated	289	232	220
Early Childhood Dental Program			
Children screened	778	544	542
Cleft Palate Orthodontic Treatment Funding Program			
Parents receiving funding	7	6	14
Clients screened in long-term care facilities			
Clients screened in long-term care facilities	1,002	886	1,013

- It is estimated that over 4,000 children are seen under third party insurances, raising overall utilization rates for dental services amongst children 3 - 17 to approximately 90 per cent%. This is the highest rate in the country.
- The percentages of grade six and seven children, and adolescents graduating from the CDCP who have not experienced decay on their permanent teeth are equal to or better than anywhere in the country.

Diabetes Program

PROGRAM DESCRIPTION:

The PEI Diabetes Program provides information for Islanders with diabetes and their families. Group education sessions present basic information for those who are newly diagnosed and additional information to help them to develop personal health practices to reduce their risk of developing complications of diabetes. Individual assessments and follow-up are also provided. Specialty clinics for gestational diabetes, pediatric diabetes and insulin initiation provide services designed to meet the needs of these specific populations.

GOVERNANCE / ACCOUNTABILITY:

The PEI Diabetes Program's regional governance/delivery model is designed to address current and future increased demands for service, while improving accessibility across the province. In this model, diabetes teams coordinate and deliver diabetes services within their respective regions while maintaining accountability to regional management teams. Provincial diabetes services are supported by two departmental positions. The Provincial Diabetes Coordinator provides advice, assistance and information to the regional diabetes teams while the Medical Director provides a liaison with primary care physicians.

RESOURCES:

FISCAL YEAR	2002-03	2003-04
HUMAN (FTE)	8.5	8.5
FINANCIAL	\$ 247,700	\$ 247,700

PROGRAM PERFORMANCE:

Current and planned measures

- Number of programs/clinics by type
- Number of participants in programs/clinics by type
- Number of referrals by region
- Number of patients meeting established clinical targets for metabolic control as outlined by clinical practice guidelines
- Number of individuals with diabetes complications

SOME RESULTS:

Programs/clinics and participants

Program	2000-01	2001-02	2002-03
Pediatric Clinic	5 clinics 12 children diagnosed	6 clinics 12 children diagnosed	Queens Region - 10 children diagnosed West Prince Region - 1 child diagnosed East Prince Region - Not available
Individual gestational diabetes monitoring	30 clients	21 clients	Kings Region - 1 client Queens Region - 13 clients West Prince Region - 2 clients East Prince Region - Not available
Getting Started Program	Queens Region - 18 programs - 117 clients - 44 family members	Queens Region - 20 programs - 229 clients	Queens Region - 24 programs - 247 clients East Prince Region - not available
Living Well with Diabetes Course * Note: The Living Well With Diabetes Course is now delivered as modules rather than a 2 day program.	Queens Region - 17 classes - 174 participants Montague - 1 course - 10 participants Souris - 1 course - 15 participants Summerside - 16 courses - 162 participants O'Leary - 2 course - 13 participants Lennox Island - 1 course - 9 participants	Queens Region - 24 classes - 259 participants Montague - 1 course - 15 participants Souris - 1 course - 4 participants Summerside - 8 courses - 79 participants O'Leary - 2 courses - 29 participants	Queens Region - 55 classes - 673 participants Montague - individual education sessions were provided Souris - At Risk program 14 participants Summerside - Information not available O'Leary - Information not available

Program Referrals

PROGRAM REFERRALS	NEW REFERRALS		RE-REFERRALS	
	2001-02	2002-03	2001-02	2002-03
West Prince	43	71	34	45
East Prince	179	not available	123	not available
Queens	303	386	210	249
Southern Kings	34	71	32	109
Eastern Kings	36	16	15	67
TOTAL	595	544	414	470

Drug Cost Assistance Program

PROGRAM DESCRIPTION:

The Diabetes Control Program, Family Health Benefit Program, Financial Assistance Program, Multiple Sclerosis Drug Program, Seniors Drug Cost Assistance Plan, Nursing Home Program, and Disease Specific Programs provide financial assistance for drug costs to eligible people; professional pharmaceutical consultation services to clients, government and regional authority institutions and programs; and provides an economical source of medications to the provincial health and social services system.

GOVERNANCE / ACCOUNTABILITY:

The programs are delivered through community retail pharmacies and the Provincial Pharmacy which is operated by, and located within the Queens Health Region. Program delivery by the retail pharmacies is monitored by the department through service delivery agreements with the PEI Pharmaceutical Association.

RESOURCES:

FISCAL YEAR	1999-00	2000-01	2001-02	2002-03
HUMAN (FTE)	15.7	13.2	12.2	11.7
FINANCIAL				
Diabetes Control Program	\$ 597,000	\$ 920,000	\$ 885,000	\$ 885,000
Family Health Benefit Program	\$ 26,000	\$ 56,000	\$ 138,000	\$ 206,000
Financial Assistance Program	\$ 2,400,000	\$ 3,026,000	\$ 3,957,000	\$ 4,224,000
Multiple Sclerosis Drug Program	\$ 440,000	\$ 607,000	\$ 661,000	\$ 627,000
Seniors Drug Cost Assistance Plan	\$ 5,678,000	\$ 6,630,000	\$ 7,199,000	\$ 7,945,000
Other Drug Programs	Not Available	\$ 2,673,000	\$ 2,151,000	\$ 2,681,000

PROGRAM PERFORMANCE:

Current and planned measures

For Diabetes Control, Family Health Benefit, Financial Assistance, Multiple Sclerosis Drug and Seniors Drug Cost Assistance Programs:

- Number of clients registered

SOME RESULTS:

DIABETES CONTROL PROGRAM*	2000-01	2001-02	2002-03
Number of clients registered	5,030	5,596	6,195
Number of clients receiving benefits	3,836	4,079	4,226
Number of paid claims	30,396	34,664	35,601
Average number of claims per client	7.92	8.5	8.42
Average cost per client	\$ 223.89	\$ 216.92	\$ 209.37
Average cost per claim	\$ 28.26	\$ 25.52	\$ 24.85

* Program statistics are not available for the 1999-2000 fiscal year.

FAMILY HEALTH BENEFIT PROGRAM	1999-00	2000-01	2001-02	2002-03
Number of clients registered	560	925	1,477	1,620
Number of clients receiving benefits	223	321	792	1,115
Number of paid claims	977	1,752	5,297	8,670
Average number of claims per client	4.38	5.46	6.69	7.78
Average cost per client	\$ 118.38	\$ 175.80	\$ 173.81	\$ 184.73
Average cost per claim	\$ 27.02	\$ 32.21	\$ 25.98	\$ 23.76

FINANCIAL ASSISTANCE PROGRAM*	2000-01	2001-02	2002-03
Number of clients registered	12,462	11,628	10,229
Number of clients receiving benefits	6,132	6,507	6,196
Number of paid claims	97,012	131,942	134,549
Average number of claims per client	15.82	20.28	21.72
Average cost per client	\$ 472.39	\$ 608.20	\$ 673.22
Average cost per claim	\$ 29.86	\$ 29.99	\$ 31.00

* Program statistics are not available for the 1999-2000 fiscal year.

MULTIPLE SCLEROSIS DRUG PROGRAM	1999-00	2000-01	2001-02	2002-03
Number of clients registered	50	75	58	58
Number of clients receiving benefits	39	53	58	58
Number of paid claims	324	450	547	507
Average number of claims per client	8.31	8.49	9.43	8.74
Average cost per client	\$ 11,228.00	\$ 11,456.08	\$ 11,390.87	\$ 10,811.64
Average cost per claim	\$ 1,389.69	\$ 1,349.27	\$ 1,207.94	\$ 1,236.33

SENIORS DRUG COST ASSISTANCE PROGRAM	1999-00	2000-01	2001-02	2002-03
Number of clients registered	19,482	19,629	19,671	19,728
Number of clients receiving benefits	12,444	12,955	13,405	13,704
Number of paid claims	153,210	170,571	180,368	192,398
Average number of claims per client	12.31	13.17	13.46	14.04
Average cost per client	\$ 456.05	\$ 507.72	\$ 537.19	\$ 580.34
Average cost per claim	\$ 37.04	\$ 38.56	\$ 39.91	\$ 41.34

Early Childhood Services

PROGRAM DESCRIPTION:

Early Childhood Services supports government, private sector, and community by providing expert advice, and coordination and management of policies and programs for young children. Early Childhood Services is also responsible for policies and standards development in early childhood initiatives including the Healthy Child Development Strategy. Early Childhood Services delivers the special needs program funding and direct funding grant programs for all licensed early childhood centers as well as the administration of all regulatory and funding programs related to licensed child care centers.

GOVERNANCE / ACCOUNTABILITY:

The Child Care Facilities Board licenses early childhood centers, certifies and is mandated to monitor these facilities for compliance with legislated standards and regulations. The department in addition to providing resources to the board to carry out these functions, also delivers the provincial funding programs for licensed centers. The child care subsidy program for Island families is delivered by regional coordinators in the four health regions.

RESOURCES:

FISCAL YEAR	1998-99	1999-00	2000-01	2001-02	2002-03
HUMAN (FTE)	6	6	6	6	6
FINANCIAL	\$3,628,000*	\$4,257,000*	\$4,403,000*	\$4,500,000*	4,898,600*

* These expenditures include: Island child care subsidies, special needs grants, direct funding programs, the operational budgets of the Community Services Section as well as the Child Care Facilities Board. These numbers do not include regional salaries.

PROGRAM PERFORMANCE:

Current and planned measures

- Number of children enrolled in licensed child care programs
- Number of licensed early childhood spaces
- Number of trained staff working in the field

SOME RESULTS:

Number of Children Enrolled in Early Child Care Programs

FISCAL YEAR	1998-99	1999-00	2000-01	2001-02	2002-03
Children Enrolled	3,929	4,216	4,220	4,420	4,600

Number of Licensed Child Care Programs

CALENDAR YEAR	1998	1999	2000	2001	2002	2003
Programs	124	124	131	135	133	135

Number of Licensed Early Childhood Spaces

FISCAL YEAR	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03
Spaces	3,994	3,953	4,270	2,786* (4,286)	2,941* (4,608)	3,084* (4,689)

* These numbers do not include children in kindergarten programs (1500 in 2001; 1667 in 2002, 1605 in 2003).

Number of Children Subsidized

FISCAL YEAR	1998-99	1999-00	2000-01	2001-02	2002-03
Children Subsidized	1,089	1,166	1,072	1,037	1,030

Investments in Child Care Programs

FISCAL YEAR	1998-99	1999-00	2000-01	2001-02	2002-03
Child Care Subsidy	\$ 2,415,000	\$ 3,085,000	\$ 3,314,000	\$ 3,090,000	\$ 3,256,092

Number of Trained Staff Working in Early Childhood Education

FISCAL YEAR	1998-99	1999-00	2000-01	2001-02	2002-03
Trained Staff*	255	253	**	281	290

* Trained staff is defined as certified under the Child Care Facilities Act as Program Staff.

**Data not available.

Investments on Children with Special Needs

FISCAL YEAR	1998-99	1999-00	2000-01	2001-02	2002-03
Dollars Spent	\$ 506,000	\$ 639,000	\$ 783,000	\$ 867,000	\$ 1,060,134

Environmental Health Services

PROGRAM DESCRIPTION:

Environmental Health assists the Chief Health Officer in carrying out duties and enforcement under the *Public Health Act* provincewide. In addition, Environmental Health promotes and establishes, through education, consultation and inspection, standards consistent with the Act. The inspection programs conducted by Environmental Health includes food safety, rental accommodations, tobacco sales to minors, slaughterhouses, swimming pools, summer trailer courts, tenting and camping areas, and institutional facilities such as day care centres, kindergartens, community care facilities, hospitals, nursing homes and correctional facilities.

GOVERNANCE / ACCOUNTABILITY:

On July 2, 2002 Environmental Health was transferred from Queens Health Region to become part of the newly created Regulatory Services Division of the Department of Health and Social Services.

RESOURCES:

FISCAL YEAR	1998-99	1999-00	2000-01	2001-02	2002-03
HUMAN (FTE)	5.5	6.1	6.2	7	7
FINANCIAL	\$ 330,000	\$ 387,000	\$ 422,000	\$ 427,000	\$ 459,000

PROGRAM PERFORMANCE:

Current and planned measures

- Number of indoor air quality analyses
- Number of food training courses offered
- Number of inspections (swimming pool, food dispensing establishment, rental accommodation, child care facility and environmental health)
- Number of tobacco legislation compliance checks

CLIENT OUTCOMES:

Current and planned measures

- Incidence of reported food borne illness
- Level of awareness and knowledge regarding safe food handling protocols

SOME RESULTS:

TABLE	1999-00	2000-01	2001-02	2002-03*
Indoor air quality analysis	125	142	80	193
Food training courses	11	11	77	38
Swimming pools	89	87	92	97
Food dispensing establishments	1,600	1,500	1,500	1,540
Rental accommodation inspections	65	68	82	113
Childcare facilities	134	134	132	134
Tobacco compliance checks	1,559	1,293	1,652	1,147
Environmental health investigations	330	299	625	550

* Actual total number of inspections completed was 3,832.

Family Housing Program

PROGRAM DESCRIPTION:

This program provides subsidized housing to low and moderate income families who are unable to obtain adequate and affordable accommodation in the private market place. The units, with rents based on 25 per cent of income, are situated in nine communities across the province. Another form of family housing is a rent supplement. Rent supplements utilize private market housing to provide accommodations making rents affordable via rent subsidies.

GOVERNANCE / ACCOUNTABILITY:

Under the PEI Housing Corporation, nine local housing authorities (community residents appointed by Executive Council) are responsible for day-to-day management of the projects which includes tenant selection, rent collection, and maintenance. The department provides policy direction and overall management of family housing services. Health authority staff in each region process applications and provide technical support to these boards.

RESOURCES:

FISCAL YEAR	1998-99	1999-00	2000-01	2001-02	2002-03
HUMAN (FTE)*	10.7	10.7	10.7	9.85	9.85
FINANCIAL	\$ 2,590,000	\$ 2,640,000	\$ 2,570,000	\$ 2,665,300	\$ 2,819,500

* 8.1 of the positions are with the housing authorities. The balance of the positions, regional and department, also work in part in Seniors Housing.

PROGRAM PERFORMANCE:

Current and planned measures

- Number of units
- Number of new applications
- Number of placements
- Numbers of families on waiting lists
- Turnover rates

SOME RESULTS:

Family Units

FISCAL YEAR	1998-99	1999-00	2000-01	2001-02	2002-03
Units	479	479	479	482*	482*
Placements	86	86	67	73	74
New Applications	319	325	290	328	340
Waiting List	850	734	944	547	713

* This includes 18 rent supplements, 12 in Charlottetown and six in Summerside as well as four converted units in Crapaud.

Family Housing Turnover Rate

FISCAL YEAR	1998-99	1999-00	2000-01	2001-02	2002-03
Units Available	18.6%	18.6%	14.6%	15.1%	15.3%

Waiting Lists by Region

FISCAL YEAR	1998-99	1999-00	2000-01	2001-02	2002-03
West Prince	59	71	113	59	78
East Prince	167	167	167	80	99
Queens Region	503	390	550	322	461
Southern Kings	106	100	100	75	62
Eastern Kings	15	6	14	11	13
TOTAL	850	734	944	547*	713

* This number represents a review of waiting list applications.

Foster Care Services

PROGRAM DESCRIPTION:

The purpose of this program is to ensure there are a range of assessed, trained and supported family homes across the province to provide care to children who are in provincial care through Child Welfare Services. The program contracts with families to meet existing and anticipated housing and care needs for this population.

GOVERNANCE / ACCOUNTABILITY:

The program is delivered by the health regions. The contracted families may be affiliated through regional associations and a provincial federation. A Non-Government Service Contract with the federation is monitored by the department for compliance. The Director of Child Welfare is responsible for the administration and enforcement of Foster Care Services.

RESOURCES:

FISCAL YEAR	1999-00	2000-01	2001-02	2002-03
HUMAN (FTE)*	24	24	24	24
FINANCIAL				

* These positions may work in whole or in part with the Foster Care Services Program. This program is funded under the overall child protection budget.

PROGRAM PERFORMANCE:

Current and planned measures

- Number of children placed in foster care or kinship care
- Number of foster care homes and new foster care homes
- Length of time to complete assessment children in care
- Number of inactive foster care families
- Number of children placed in other regions
- Number of families leaving the foster care program
- Number of children with special needs in foster care
- Number of in care days
- Unit cost of service for children in care

CLIENT OUTCOMES:

Current and planned measures

- Functional status of children in care (ability to function in daily life)

SOME RESULTS:

- Decrease in number of available foster homes
- Decrease in number of new families entering foster care
- Increase in number of families leaving regular foster care program
- Increase in number of kinship or relative foster families
- Increase in special needs of children in care
- Increase in number of in care days

Foster Care Homes By Region

REGION	2000-01	2001-02	2002-03
West Prince	17	21	5
East Prince	33	39	19
Queens	73	82	45
Kings (Southern)	23	3	14
Kings (Eastern)	6	7	3
TOTAL	152	152	86*

* There are approximately 25 other fostering arrangements in place at present (March 2003) across the province, including foster care givers who provide respite only, relatives providing care, foster homes on hold or on probation.

Regional Breakdown of Foster Care Homes Level Program, March 31, 2003

LEVEL	WEST PRINCE	EAST PRINCE	QUEENS	KINGS MONTAGUE	KINGS SOURIS	TOTAL
Level 1	1	2	0	5	2	10
Level 2	3	14	32	4	1	54
Level 3	1	3	13	5	0	22
TOTAL	5	19	45	14	3	86*

* There are approximately 25 other fostering arrangements in place at present (March 2003) across the province, including foster care givers who provide respite only, relatives providing care, foster homes on hold or on probation.

Home Care and Support

PROGRAM DESCRIPTION:

Home Care and Support provides assessment and care planning to medically stable individuals, and defined groups of individuals with specialized needs, who without the support of the formal system, are at risk of being unable to stay in their own home, or are unable to return to their own home from a hospital or other care setting. Services provided through Home Care and Support include nursing, personal care, respite, occupational and physical therapies, adult protection, palliative care, home and community-based dialysis, assessment for nursing home placement and community support.

GOVERNANCE / ACCOUNTABILITY:

The health regions have responsibility for delivery of the services. The department is responsible for policy and standards development.

RESOURCES:

FISCAL YEAR	1999-00	2000-01	2001-02	2002-03
HUMAN (FTE)	107	110	110	120.7*
FINANCIAL	\$ 5,790,000	\$ 6,205,000	\$ 6,547,000	\$ 7,019,300

* This number represents total Regional number of FTE paid hours not number of staff positions, to pay period ending on March 29, 2003.

PROGRAM PERFORMANCE:

Current and planned measures

- Age distribution of clients
- Distribution of home care caseload by client type
- Number of admissions and discharges
- Average monthly caseload by service
- Number of nursing and home support visits
- Client satisfaction
- Staff satisfaction
- Admission to public home care services per capita (general and over 75 years old)
- Percentage of population receiving various home care services (nursing, homemaker, occupational therapy, etc.)

CLIENT OUTCOMES:

Current and planned measures

- Change in functional status for continuing care client group (ability to function in daily life)
- Level of symptom control
- Level of care giver burden

Job Creation / Employment Enhancement Programs

PROGRAM DESCRIPTION:

The Job Creation Program (JCP) was designed to assist social assistance recipients to retain or to learn new work skills through short-term employment as they move towards independence. JCP generally provides for a wage subsidy that is cost-shared with the employer. The Employment Enhancement Program (EEP) is intended to assist social assistance recipients by providing work and training opportunities that help remove barriers to employment. This is part of case planning done with the client to assist them in eventually exiting the Social Assistance Program.

GOVERNANCE / ACCOUNTABILITY:

Delivery of both programs across the province is through the health regions. Policies and standards development are the responsibility of the department.

RESOURCES:

FISCAL YEAR	1998-99	1999-00	2000-01	2001-02	2002-03
HUMAN (FTE)	14	14	14	14	14
FINANCIAL	\$ 1,800,000	\$ 1,900,000	\$ 1,800,000	\$ 1,700,000	\$ 1,500,000

PROGRAM PERFORMANCE:

Current and planned measures

- Number of clients in Job Creation Program and Employment Enhancement Program placements

CLIENT OUTCOMES:

Current and planned measures

- Number of clients actively participating in the labour force upon completion of placements

SOME RESULTS:

JCP and EEP Placements

FISCAL YEAR	1998-99	1999-00	2000-01	2001-02	2002-03
JCP	1,032	897	822	796	682
EEP	1,024	814	1,727	2,021	1,815
TOTAL	2,056	1,711*	2,549	2,817	2,497

* This reflects a change in data tracking methods.

Long Term Care (Nursing Home) Services

PROGRAM DESCRIPTION:

There are currently 18 long-term care facilities in the province which provide nursing level care, nine public manors and facilities, and nine private nursing homes. This level of service is for individuals who are assessed as requiring 24 hour registered nurse (nursing care) supervision and care management. Payment for long-term care is the responsibility of the individual. However, when a resident of a facility or person coming into a facility does not have the financial resources to pay for their own care, they can apply for financial assistance based on a standardized financial assessment process.

GOVERNANCE / ACCOUNTABILITY:

The Community Care Facilities and Nursing Homes Board licenses private nursing homes and monitors these facilities for compliance under the authority of the *Community Care Facilities and Nursing Homes Act and Regulations*. The public manors and facilities are operated and managed by the health regions and are accredited by the Canadian Council on Health Services Accreditation.

PROGRAM PERFORMANCE:

Current and planned measures

- Number of private and public nursing home beds
- Number of nursing home admissions
- Average number of people on wait list
- Average length of stay in nursing homes
- Average age on admission
- Percentage of nursing home residents receiving subsidy
- Client and family satisfaction

RESOURCES:

FISCAL YEAR	1998-99	1999-00	2000-01	2001-02	2002-03
HUMAN (FTE)	624	666	672	694	707**
FINANCIAL	\$ 30,682,000	\$ 33,434,000	\$ 35,962,000	\$ 37,607,000	\$ 40,057,100*

* This total does not include revenue from non-subsidized residents in nursing homes or private nursing homes.

**Excludes Community Hospital and Stewart Memorial Hospital due to staff and services combined with Acute Care. This figure applies to staff in public manors and facilities only and represents the number of FTE paid hours not the number of staff position, to pay period ending March 29, 2003.

SOME RESULTS:

Private and Public Nursing Home Beds By Region

REGION	1998-99		1999-00		2000-01		2001-02		2002-03	
	Private	Gov't	Private	Gov't	Private	Gov't	Private	Gov't	Private	Gov't
West Prince	-	64	-	64	-	64	-	64	-	64
East Prince	46	172	46	172	46	172	52	170	52	170
Queens	320	208	320	207	320	207	299	222	299	222
Southern Kings	31	51	31	51	41	51	41	51	41	51
Eastern Kings	-	53	-	52	-	52	-	52	-	52
TOTAL	397	548*	397	546*	407	546*	392	559*	392	559*
GRAND TOTAL	945		943		953		951		951	

Approximately 66 per cent of residents in private nursing homes are subsidized and about 79 per cent of residents in public manors and facilities. Overall about 71 per cent of residents are subsidized in long term care at any one time.

* Includes 10 respite beds in public manors/facilities.

Long Term Care Admissions

MEASURE	1998-99	1999-00	2000-01	2001-02	2002-03
Admissions	380	353	350	345	359
Average Number of People on Wait List	30	54	41	55	69
Average Age on Admission	82.6	85.5	82.2	82.8	83.6
Average Length of Stay (in years) *	2.4	2.5	2.7	2.7	2.8

* This number reflects average length of stay from admission to death or discharge.

Mental Health Services

PROGRAM DESCRIPTION:

The model for delivery of Mental Health Services places emphasis on a crisis response system, and expansion of community based services which include initial assessment, education, support, and linkages with other service providers as well as consultation, treatment and ongoing support. In-patient programs are provided at the Prince County Hospital, Queen Elizabeth Hospital and Hillsborough Hospital. Provincial programs include child psychiatry, psychiatric consultation, and psycho geriatrics for seniors; shared care with physicians and an enhanced Children's Mental Health Network for children from birth to eighteen years and their families.

GOVERNANCE / ACCOUNTABILITY:

Mental health programs are delivered by the health regions, the Provincial Health Services Authority and community partners. Community Mental Health programs are delivered by East Prince Health Region, serves West Prince; Queens Health Region; and Kings Health Region. In-patient programs are delivered by Prince County Hospital in East Prince Health Region, which also serves West Prince; Queen Elizabeth Hospital in Queens Health Region, which also serves Kings Region and all of PEI when involuntary admission is necessary; and Hillsborough Hospital in Queens Health Region, which serves the entire province. The provincial programs are administered by Queens Health Region. The department provides expert advice, coordination and works with partners to develop policies, standards and public awareness on mental health issues.

RESOURCES:

FISCAL YEAR	1999-00	2000-01	2001-02	2002-03
HUMAN (FTE)*	166.9	170.9	171.9	269.9
FINANCIAL	\$ 10,206,000	\$ 10,578,200	\$ 12,241,700	\$ 12,610,000

* These figures do not indicate psychiatrists under fee for service or contract arrangements.

PROGRAM PERFORMANCE:

Current and planned measures

- Hospitalization rates by diagnosis
- Number of hospital separations
- Length of hospital stay
- Percentage of psychiatric separations of all hospital separations
- Number of referrals for depression
- Number of seniors referred
- Number of psychiatric consultations, including the use of the Tele-Health
- Wait times from referral to treatment for Community Mental Health
- Emergency waits for crisis response services
- Unit cost of service for institutional services
- Client satisfaction
- Staff satisfaction

OUTCOME INDICATORS:

Current and planned measures

- Improvement in symptoms
- Improvement in functional status
- Decreased hospital admissions and re-admissions
- Increased time between admissions

SOME RESULTS:

- Increase in referrals of moderately mentally ill (i.e. depression, stress disorders, relationship crisis)
- Increased number of younger children being referred to Children's Mental Health Services
- Increased public awareness regarding suicides in youth

Mental Health Hospital Services, 2002-03

HOSPITALS	IN-PATIENT SERVICES			CRISIS RESPONSE SERVICES		
	Number of Beds	Number Discharges	Average Length of Stay	Number of Clients Assessed	Number Admitted to Hospital	Number Referred to Community Mental Health
Queen Elizabeth Hospital - Unit 9	20	615	10.9 days	602	332	58
Prince County Hospital - Psychiatric Unit	16	351	12.5 days	472	62	56
Hillsborough Psychiatric Hospital	75	302	29 days	N/A	N/A	N/A
TOTAL	111	1258	15.7 days	1074	394	114

N/A = specific services not at this site.

Community Mental Health Centres 2002-03

CENTRES	Total Number of Clients	Number of Children/Families	Number of Outreach Clients	Number of Crisis Response Clients	Per Cent of Clients Satisfied with Services
Kings	527	137	18	N/A	IP
McGill	781	N/A	203	N/A	96%
Richmond	1699	605	N/A	251	96%
East Prince	836	276	74	N/A	94%
West Prince	162	91	N/A	N/A	IP
TOTAL	4005	1109	295	251	95.3%

N/A = specific services not at this site IP= satisfaction survey in progress.

Shared Care Services 2002-03*

2002/2003	Total Cases Opened	Total Cases Closed	Per Cent of Severe Cases	Per Cent of Moderate to Mild Cases
TOTAL for all 5 sites	65	39	23%	77%

* Staff from Richmond Community Mental Health Centre work with physicians for half to one day per week at the following five sites to provide mental health consultation and counselling: Cornwall Medical Centre, Four Neighborhoods Family Health Centre, Charlottetown Polyclinic, Hunter River Family Health Centre, Rustico Family Health Centre.

Note: This is the first year tracking these statistics for mental health services.

Out-of-Province Hospital Services

PROGRAM DESCRIPTION:

Each year a number of Islanders access out-of-province hospital services for highly specialized in-patient and out-patient treatments, procedures and consultations. In an effort to keep costs to a minimum, the department has an out-of-province liaison service in Halifax, Nova Scotia which enables patients to return to PEI as quickly as medically possible.

GOVERNANCE / ACCOUNTABILITY:

In order to access out-of-province services, prior approval is required from the department. Physicians may apply, on behalf of their patients, for prior approval in areas of speciality that are not available on PEI.

RESOURCES:

FISCAL YEAR	1998-99	1999-00	2000-01	2001-02	2002-03
HUMAN (FTE)	6	6	6	6	6
FINANCIAL	\$ 14,379,000	\$ 13,380,000	\$ 13,612,000	\$ 14,292,000	\$ 15,386,200

PROGRAM PERFORMANCE:

Current and planned measures

- Number of patient days in out-of-province hospitals (in-patient and out-patient)
- Number of patients transferred back to PEI
- In-patient days and costs saved by transferring patients back to PEI
- Patient satisfaction

SOME RESULTS:

Out of Province Liaison Program

FISCAL YEAR	1998-99	1999-00	2000-01	2001-02	2002-03
Number of Patients Transferred back to PEI	202	203	219	218	207
In-patient Days Saved	3,066	3,702	3,600	3,600*	3,606
Costs Saved	\$ 2,420,000	\$ 2,790,000	\$ 2,880,000	\$ 2,880,000*	\$ 3,430,000

* Estimate only, precise numbers are not available due to hospital delays in data reporting.

Out-of-Province Physician Services

PROGRAM DESCRIPTION:

This program funds the delivery of medical services provided to Island residents by out-of-province physicians. Services provided by visiting specialists at Island sites are also covered through this program.

GOVERNANCE / ACCOUNTABILITY:

This program is administered by the department and requires prior approval for non-emergency services. Fees are paid at rates approved by the other provinces' health care plans and are billed through the Inter-Provincial Reciprocal Billing Agreement. The visiting specialists to the province are paid on a sessional basis.

RESOURCES:

FISCAL YEAR	1998-99	1999-00	2000-01	2001-02	2002-03
HUMAN (FTE)	4.2	4.2	4.2	4.5	4.5
FINANCIAL	\$ 3,185,000	\$ 3,209,000	\$ 3,531,000	\$ 4,143,000	\$ 4,159,000

PROGRAM PERFORMANCE:

Current and planned measures

- Number and type of out-of-province physician referrals
- Number and type of visiting physician specialists

SOME RESULTS:

FISCAL YEAR	1998-99	1999-00	2000-01	2001-02	2002-03
Number of out-of-province referrals	2,439	2,330	2,724	2,584	2,123

FISCAL YEAR	2001-02	2002-03
Number of visiting specialists*	13	13

* The actual number of visiting specialists providing service in each fiscal year.

Physician Payment Services

PROGRAM DESCRIPTION:

The In-Province Physician Services Program is responsible for the payment of physician services including the administration of various payment modalities.

GOVERNANCE / ACCOUNTABILITY:

The program is delivered by the department in consultation with the four health regions. Physician numbers are controlled by adherence to regional complements as recommended by the Physician Resource Planning Committee and approved by the Minister.

RESOURCES:

FISCAL YEAR	1998-99	1999-00	2000-01	2001-02	2002-03
HUMAN (FTE)	11.7	11.7	11.7	8.4	8.4
FINANCIAL	\$ 32,520,000	\$ 33,300,000	\$ 35,293,000	\$ 36,808,000	\$ 46,050,600*

* In fiscal year 2002-03 the budget for salary costs of physicians employed at regional health authorities was transferred to the department.

PROGRAM PERFORMANCE:

Current and planned measures

- Number of approved physician positions
- Number of filled physician positions
- Number of physicians recruited
- Number and type of practice changes by physicians, such as interdisciplinary team approach

Physician Complement

As of March, 2003 (Note 1)

	Approved Complement	Filled Positions (Full-time Equivalent)		
		PERMANENT	LOCUM	TOTAL
GENERAL PRACTICE				
Family Practice	78.5	70.5	1	71.5
Addiction Services	2	1.2		1.2
Emergency Room Physicians	11	10	1	11
SPECIALITIES				
Anaesthesia	9	7.7		7.7
Dermatology	1	1		1
Geriatrics	1	1		1
Internal Medicine	11.2	11.2		11.2
Neurology	2	2		2
Obstetrics/Gynecology*	8.2	7.2		7.2
Ophthalmology	5	3.5		3.5
Otolaryngology	3	3		3
Palliative Care	0.7	0.7		0.7
Pediatrics	8	8		8
Psychiatry	10	10.3		10.3
Surgery: General	7	7		7
Orthopedic	3	3		3
Plastics	2	1		1
Urology	2	2		2
Physical Medicine	1	1		1
Oncology **	4.5	3.5		3.5
Radiology	7.6	5.2		5.2
Laboratory: Pathology	4	3		3
Microbiology	1	1		1
Hematology	1			
TOTALS	183.7	164	2	166

Note 1: Complement as approved by the Physician Resource Planning Committee.

* Includes 0.2 FTE position in Reproductive Endocrinology and Infertility.

**Includes Medical and Radiation Oncology specialists and an 0.8 FTE Clinical Associate position.

Public Health Nursing Programs

PROGRAM DESCRIPTION:

Public Health Nursing Programs are dedicated to the promotion and protection of health and prevention of disease and morbidity. Programs in maternal - child health, school health, communicable disease surveillance and control, and immunization comprise the major contribution of this program.

GOVERNANCE / ACCOUNTABILITY:

Delivery of Public Health Nursing programs is through the health regions. Policies and standards development are the joint responsibility of the department and the health region via a provincial Public Health Nursing Coordinating Committee.

RESOURCES:

FISCAL YEAR	1999-00	2000-01	2001-02	2002-03
HUMAN (FTE)	30.2	31.5	34.1	32.5
FINANCIAL	\$ 2,112,000	\$ 2,269,000	\$ 2,524,000	\$ 2,742,300

PROGRAM PERFORMANCE:

Current and planned measures

- Breastfeeding rates
- Childhood immunization rates by two years of age
- Attendance and screening results of children at four year old child health assessment
- Unit costs of child health assessments
- Intervals between reportable disease notification and client contact

CLIENT OUTCOMES:

Current and planned measures

- Rates of preschool immunization
- Rates of four year screening attendance
- Rate of breastfeeding
- Incidence of communicable disease follow-up

SOME RESULTS:

- Public Health Nurses visited 1330 newborns and their families in 2000-01
- 32.1 per cent of pregnant women attended prenatal classes in 1999, up from 26.6 per cent in 1998
- The highest percentage of attendance by age is 15 - 19 year olds (55 per cent)
- In 1999, 25.7 per cent of prenatal women were smokers at delivery, down from 29.3 per cent in 1998

Senior Citizens' Housing Program

PROGRAM DESCRIPTION:

Senior Citizens' Housing projects are located in 38 communities across the province and provide apartment style, self-contained rental units to low and moderate income seniors who are unable to meet their housing needs independently. Another form of subsidized housing for seniors are Garden suites. These are one bedroom units placed on the property of a host family, and when no longer required by the tenant are easily portable to another site. The rent for either form of seniors housing is 30 per cent of income.

GOVERNANCE / ACCOUNTABILITY:

The health regions are responsible for the overall management of these properties. The department is responsible for ensuring the fulfillment of federal-provincial agreements in the housing field and liaison with the federal government.

RESOURCES:

FISCAL YEAR	1998-99	1999-00	2000-01	2001-02	2002-03
HUMAN (FTE)*	13.5	13.5	13.5	13.5	13.5
FINANCIAL	\$ 6,230,000	\$ 6,430,000	\$ 6,680,000	\$ 6,571,900	\$ 6,545,400

* Some of these positions also work in part in Family Housing. These numbers do not include maintenance of Seniors Housing in East Prince Region as this work is done as part of the overall regional maintenance budget.

PROGRAM PERFORMANCE:

Current and planned measures

- Number of units
- Number of placements
- Number of new applications
- Number of seniors on waiting lists

SOME RESULTS:

- Incremental decrease in number of seniors accessing low income supplement programs
- Generally stable vacancy rates across the Island, except in two communities, Kinkora and New London, where chronically high vacancy rates have necessitated a housing needs assessment and options for use will be considered

Seniors Citizens' Housing

FISCAL YEAR	1998-99	1999-00	2000-01	2001-02	2002-03
Units*	1,176	1,176	1,176	1,148*	1,148*
Placements	195	172	193	221	173
New Applications	248	206	209	190	246
Waiting Lists	273	297	252	208	238

* Portfolio comprised of 1,142 Senior Citizens Units and six Garden Suites. The change in 28 units is due to four units in Crapaud being turned over to regionally administered family housing and renovations (two bedroom units, common rooms, etc.) across the Island.

Social Assistance Program

PROGRAM DESCRIPTION:

Social Assistance has three primary elements: assistance in cash or services to those unable to meet their own basic needs (food, clothing, shelter, etc.) or to meet needs due to emergencies; services to help promote or restore self-sufficiency; and services to prevent social dependency.

GOVERNANCE / ACCOUNTABILITY:

Delivery of the Social Assistance Program is through the health regions while the department's role is in the area of policy and standards development. The Welfare Assistance Appeals Board (members from across the province appointed by Executive Council) is responsible for reviewing appeals from applicants and beneficiaries.

RESOURCES:

FISCAL YEAR	1998-99	1999-00	2000-01	2001-02	2002-03
HUMAN (FTE)			50.5	50.5	50.5
FINANCIAL	\$ 35,900,000	\$ 31,400,000	\$ 30,300,000	\$ 29,400,000	\$ 27,400,000

PROGRAM PERFORMANCE:

Current and planned measures

- Change in social assistance caseload over time
- Change in social assistance expenditures over time

CLIENT OUTCOMES:

Current and planned measures

- Number of Islanders living independently without social assistance

SOME RESULTS:

Social Assistance Caseload by Fiscal Year 1998-2003

FISCAL YEAR	1998-99	1999-00	2000-01	2001-02	2002-03
Caseload size	5,143	4,668	4,213	4,135	3,999
Caseload change	-5.9%	-9.2%	-9.75%	-1.85%	-3.28%
Program Costs	\$ 35,900,000	\$ 31,400,000	\$ 30,300,000	\$ 29,400,000	\$ 27,400,000
Cost Change	-6.3%	-12.5%	-3.5%	-2.97%	-6.80%

Vital Statistics Program

PROGRAM DESCRIPTION:

The Vital Statistics program is responsible for the collection, registration, maintenance and distribution of vital event information for the province, this includes: births, deaths, stillbirths, marriages, adoptions, divorces, and legal change of name. The program also provides for the certification/identification of individuals or events, data for statistical and administrative purposes, as well as, legal change of name, issuing marriage licenses and other related duties.

GOVERNANCE / ACCOUNTABILITY:

This is a provincial program delivered by the department under the authority of the *Vital Statistics Act*, *Marriage Act*, *Change of Name Act* and has responsibilities under the *Child Status Act* and the *Adoption Act*. The program operates under the Regulatory Services Division.

RESOURCES:

FISCAL YEAR	1999-00	2000-01	2001-02	2002-03
HUMAN (FTE)*	5	5	5	5
FINANCIAL	\$ 193,000	\$ 208,000	\$ 204,000	\$ 248,000
REVENUE	\$ 236,000	\$ 247,000	\$ 283,000	\$ 265,000

* Department only.

PROGRAM PERFORMANCE:

Current and planned measures

- Development of an annual statistical report
- Vital Statistics services available at Access PEI sites
- Improved reporting functionality to Statistics Canada
- Improved security within the program
- Significant maintenance to historical records - birth and death linkage
- Significant modifications and upgrades to the automated registry system
- Implementation of an automated process for registering partial birth information at QEH and PCH

CLIENT OUTCOMES:

Current and planned measures

- New information systems have improved the efficiency and effectiveness of ad hoc reporting, and supported the production of an annual statistical report using vital event data.
- Modifications to vital event registry has improved the quality of data maintained by the program.
- Improved statistical reporting to the province from Statistics Canada (six-eight weeks compared to two to three years)
- Automated system for registering partial birth information will improve the process for issuing personal health numbers for newborns.
- Improved procedures have enhanced the security of information
- Interface with Common Client Registry has improved the efficiency and effectiveness of communication within the health system