Health PEI
One Island Health System

Community Health Annual Divisional Update

Deborah Bradley, Executive Director
February 2, 2016

Presentation Overview

- Division Profile
  - Services and Programs
  - Staff complement and Budget
- Key Priorities
  - In support of Health PEI's strategic direction
  - In support of divisional operations
- Questions

Profile of Division

Primary Care and Chronic Disease

Primary Care

- 5 Primary Care Networks
- 811
- Provincial Patient Registry
- Collaborative Mental Health
- Prenatal Care
- Pain Services
- Heart Failure/Remote Patient Monitoring
- Better Health Lower Costs initiative (familiar faces)
- Optometry Contract

Chronic Disease Prevention and Management

- Provincial Diabetes Program
- Organized Stroke Care
- Cancer Coordination
- Colorectal and Cervical Cancer Screening
- INSPIRED program
- Various management programs

Aboriginal Health

Health Policy and Planning Forum

- Children's oral health
- Home Care
- Primary Care
- E-Health
- Mental Health and Addictions
- HSIF oversight

Cultural Awareness and Sensitivity Training

Profile of the Division

Public Health and Children's Developmental Services

Public Health Nursing

- Immunization
- Communicable Disease
- New Beginnings/Launching Little Ones
- Period of Purple Crying
- Best Start screening and assessment
- Needle Exchange Program
- Developmental Screening

Dental Health

- Children's Dental Care Program (prevention, diagnostics and treatment)
- Specialty Programs

Speech Language Pathology & Audiology

- Includes contracted services of Eye See Eye Learn and private audiology services

Public Health and Family Nutrition

- Community dietitian services to prenatal and early childhood nutrition
- NutriStep

Pediatric Psychology Unit

- Preschool Autism Assessments

Home Care, Palliative, and Geriatric Care

Home Care

- Professional and Consultative Services (nursing, OT, PT, SW and RD)
- Support Services (respite, personal care, community support)
- Assessment for long term care
- Adult Day Programs
- Integrated Palliative Care Program*
- COACH*
- Red Cross Equipment Loan Program

Adult Protection

Palliative Care

- Integrated Palliative Care Program*
- Provincial Palliative Care Centre
- Provincial Palliative Home Care Drug Program

Provincial Geriatric Program

- COACH*

Profile of Division

Functional Area	2015-16 Staff Complement (FTE)	2015-16 Operating Budget
Executive Director's office	4.0	$529,100
Primary Care and Chronic Disease Management	126.7	$12,182,400
Public Health and Children's Developmental Services	106.8	$10,723,500
Home Care, Palliative and Geriatric Care	192.7	$17,947,700
Total	430.20	$41,382,700

Current Priorities

- In support of Health PEI's strategic direction
  1. Children with Complex Needs
  2. Frail Seniors with Complex Health Needs
  3. Access to Primary Care Providers
  4. Integrated Chronic Disease Prevention and Management
  5. Integrated Palliative Care Program

- In support of divisional operations
  1. Quality Improvements
  2. Advancing the Baby Friendly Initiative
  3. Research Partnerships
  4. Collaborative Model of Care
  5. Strengthening Primary Care and Home Care

#1: Children with Complex Needs

- **Purpose**
  - To improve coordination, access and efficiencies of HPEI-based services which support children with complex needs and their families.

- **Update on the status**
  - Key deliverables to date:
    - New positions have been staffed (stabilization plan)
    - Preschool Autism Assessments -- wait time reduction from 22 to 12 months
    - Standards of care for children with complex needs in place
    - A number of wait time targets in place for associated services
    - Family engagement framework
    - Provider surveys
    - Partnership with UPEI on SPOR research project

  - **Focus for 2016**:
    - Utilize survey data to confirm or readjust priorities
    - Ensure family members on all committees
    - Review of "serial" wait times for children
    - Develop and implement standardized wait time reporting
    - Expand focus to include youth and young adults

Children with Complex Needs

Service	New Positions & Status	WAIT TIMES August 2014	WAIT TIMES Current	WAIT TIMES Planned Future
Preschool Autism Assessments (Pediatric Psychology)	1.0 Psychologist (PhD): Ongoing Recruitment	22 months	12 months	11 months or lower
Audiology	1.0 Audiology Assistant: Filled	12 months (Central Auditory Processing Assessments)	12 months (Central Auditory Processing Assessments)	6 months
Speech Language Pathology	0.5 SLP Assistant:	4 months (Charlottetown)	From 1 to 7 months (Varies by office – several current vacancies	3 months
Orthoptics	0.4 Orthoptist: Filled	3+ months	1 month	1 month
Occupational Therapy* (*QEH only)	0.8 OT (QEH): Filled 1.0 OT (Schools):Filled 0.6 Med. Secretary: Filled	1-4 months No current OT for school aged in Queens	Preschool: 2 -4 months Urgents: 1 wk Kindergarten: 4-6 months	2 weeks – 3 months. plus school therapy and more intervention
Physiotherapy	0.8 PT: Filled 0.6 PT: Filled/vacant/offer pending 1.0 Rehab Assistant: Filled	2 weeks – 3 months (wait times reflect the addition of a 1 temp unfunded position)	Priority 1: 3-5 days Priority 2: 2-4 weeks Priority 3: 2- 4 months	

#2: Frail Seniors with Complex Health Needs

- **Purpose**
  - To improve access to care for frail seniors with complex health needs.
- **Update on the status**
  - Key deliverables to date:
    - Nurse practitioner added to Provincial Geriatric Program (Sept 2014)
    - 6 project areas identified, all focused on partnerships and integration of care across program/service areas
    - Feature project: COACH Team & Frail Senior Care Pathway
    - More broadly we did a business case on home care
  - Focus for 2015/16:
    - Expansion of COACH to Souris
    - Evaluation of all projects

Improving Access to Care for Frail Seniors

Strategic Initiative

P1. Integrated Frail Senior Care Team & Pathway

P2. Partnership Development with Primary Care

P3. Partnership Development - Geriatric Program & Acute Care

(Potential Pilot with QEH ER)

P4. Partnership Development Restorative Care (LTC & Acute)

(Expand Eligibility to Community and Initiate at Extended Care Facilities)

P5. Program Reviews:

5a. Enhanced Home Care for Frail Seniors Programs

5b. Adult Day Programs

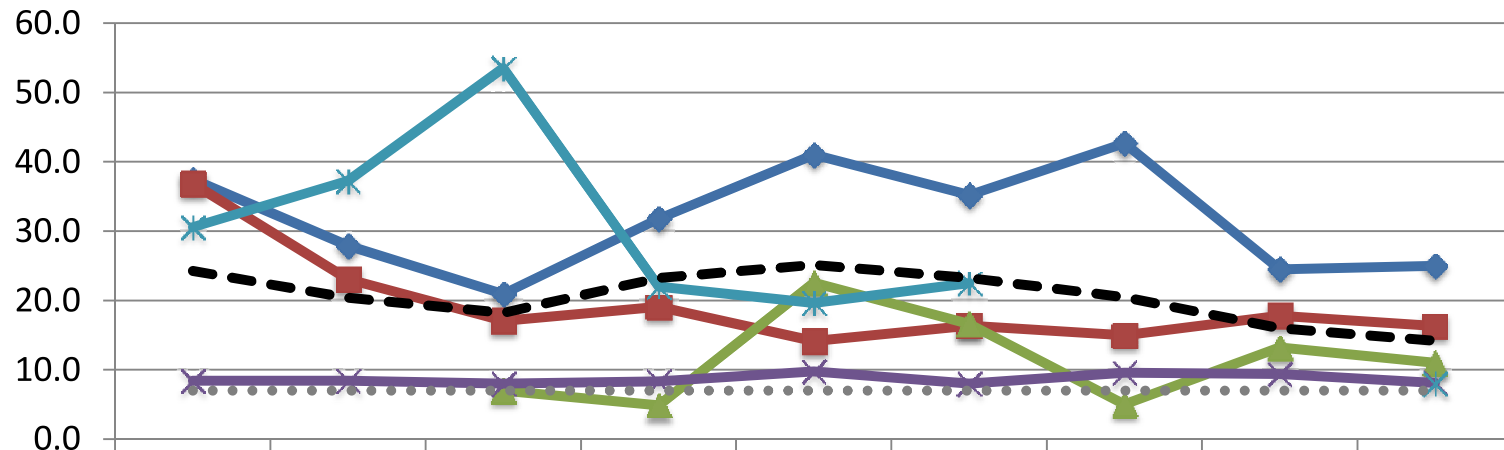
P6. Establish Data Collection for Visits/Hours for Frail Seniors

#3. Access to Primary Care Providers

- **Purpose**
  - Improve access to primary care services in a timely fashion with the goal to improve health, reduce ED visits, hospitalization, re-hospitalization and ALOS.
- **Update on the status**
  - Key deliverables to date:
    - 26 advance clinical access (ACA) projects completed
    - Panel size policy approved by ELT
    - Prenatal Care transition to Primary Care
    - Some Optometry Services covered by Health Plan
    - Collaborative Family Practice Incentive Program (43 physicians participating)
  - Focus for 2016:
    - Collaborative mental health – hiring a coordinator and implementing provincially
    - Complete 5-6 additional ACA projects
    - Develop Strengthening Primary Care – 5 year plan
    - Better Health Lower cost – IHI Triple Aim initiative (year 2) for completion and sustaining

Access to Primary Care Providers

Average Wait Days to Third Next Available Appointment with a Family Physician^



	Q3 2013-14	Q4 2013-14	Q1 2014-15	Q2 2014-15	Q3 2014-15	Q4 2014-15	Q1 2015-16	Q2 2015-16	Q3 2015-16
East Prince	37.5	27.9	20.9	31.8	41.0	35.2	42.7	24.5	25
Kings	36.8	23.0	17.1	19.1	14.1	16.4	15.0	17.8	16.3
Queens East*			7.0	4.9	22.5	16.6	5.0	13.2	11
Queens West	8.4	8.4	8.0	8.3	9.8	8.0	9.6	9.4	8.1
West Prince*	30.6	37.3	53.5	22.0	19.6	22.5			8
Provincial Avg	24.3	20.4	18.2	23.2	25.1	23.3	20.5	16.0	14.2
Target	7	7	7	7	7	7	7	7	7

- ^Family Physician offices voluntarily submit wait times to Health PEI. To date, 33 Family Physicians have begun submitting data
- * Less Than 5 Physicians Reporting

Health PEI

One Island Health System

#4: Integrated Chronic Disease Prevention & Management

- **Purpose**
  - To improve the quality of chronic disease care through enhanced integration of prevention and management efforts.

- **Update on the status**
  - Key deliverables to date:
    - Diabetes strategy released
      - Insulin Pump Program Launched (1-year anniversary)
    - Cancer strategy developed (release pending) and lung and breast cancer action groups launched
    - Remote Patient Monitoring Program for heart failure funding secured
      - Launched November 1, 2015

  - Focus for 2016:
    - Cancer, heart failure and diabetes implementation
    - Enroll 120 patients into the Remote Patient Monitoring Program
    - Cardio-pulmonary Rehab (PBMA funding)
    - Expand Insulin Pump Program

#5: Provincial Integrated Palliative Care

- **Purpose**
  - To develop an integrated collaborative approach which promotes flexible, seamless, patient-centered, quality palliative care for Islanders in the setting of their choice
- **Update on the status**
  - Key deliverables to date:
    - New Provincial Palliative Care Centre built (operational April 1, 2015)
    - Project charter for 3-5 year plan developed and approved by ELT
    - Paramedics providing palliative care at home project launched
  - Focus for 2016:
    - Development of day/outpatient program at new centre
    - Open 2 additional beds at the new centre this winter
    - Initiate implementation of 3-5 year operational
    - Paramedic/palliative project program implemented
    - Advanced Care Planning/Goals of Care (CPAC project)

Operational Priorities

- **Update of Status**
  - Outstanding ROPS met in Feb/15
  - Baby Friendly Initiative: Work plan developed. Extensive consultation completed on Infant Feeding Policy and ready for ELT approval.
  - Phase 1 of BHLC completed and participating in phase 2 upon invitation by IHI.
  - Multiple research partnerships underway, e.g., Strategic Patient Oriented Research
  - CMOC scenario planning underway in Palliative Care Centre, Public Health Nursing, and Speech Language Pathology and Audiology

- **Focus for 2016**
  - Baby Friendly Initiative
  - Complete BHLC initiative and roll out provincially
  - Strengthening Primary Care Planning
  - Conduct survey on access of PEI physicians/nurse practitioners
  - Close out prenatal project
  - Develop cardiopulmonary rehab program
  - Follow up on Home Care and Palliative Care planning
  - Integration planning within Community Health Division
  - Children with Complex Needs

2015 Priorities Closed Out

- **Diabetes Strategy**
  - Initiative has moved into operations
  - Will be monitored by the director responsible for chronic disease
- **Organized Stroke /Model**
  - Phase 1 and 2 implemented
  - Phase 3 (community reintegration) and expansion of secondary stroke prevention continue to be priorities
- **Provincial Palliative Care Centre**
  - Centre opened Spring 2015
- **Prenatal Care (2016)**
  - Follow up survey