Health PEI

Business Plan

April 1, 2010 - March 31, 2011

ONE ISLAND FUTURE ONE ISLAND HEALTH SYSTEM

Health PEI Business Plan: April 1, 2010-March 31, 2011

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ONE ISLAND HEALTH SYSTEM

Index

Message from Chief Executive Officer

On behalf of the dedicated staff, physicians and partners of PEI's health system, I am pleased to provide Health PEI's first annual business plan – Health PEI Business Plan April 1, 2010-March 31, 2011. This plan builds on the One Island Health System framework outlined in the *PEI Health System Strategic Plan 2009-2012* and targets specific initiatives and activities to be undertaken during this fiscal year to reach our vision of One Island Health System.

This past year has been marked by an ambitious agenda of change within our healthcare system – from an organizational redesign resulting in a new operating framework to improve accountability and enhance leadership, to innovative models of practice to improve patient care. During this time of transition we achieved many successes. We introduced an array of new services and programs (examples include: initiation of a colorectal cancer screening program, implementation of a patient safety strategy, and expansion of ambulance services), advanced training opportunities for health care professionals (such as the accelerated nursing program and the inaugural intake for the PEI family medicine residency program), and continued with the upgrades and expansions to healthcare facilities and hospitals.

Health PEI's Business Plan for 2010-2011 builds on the successes of the past year and charts the course of action for this fiscal year as we enter the second year of the three-year Strategic Plan. At a systems level, Health PEI's strategic initiatives fall within one of four major domains:

- Renewed model of community-based primary care
- Enhanced system of home-based home care services
- Focused integration of acute and facility-based care
- Investments in strategic system enablers.

The foundation for these interlocking domains is quality and patient safety; both of which are common threads that weave throughout the system and embody the ethical framework upon which Health PEI is built. Ultimately, by focusing on the strategic initiatives within each of these key areas over the coming year, we will be one step closer to realizing our vision of One Island Health System. I look forward to meeting the challenges we will undoubtedly encounter as we work through this year's business plan, and I am committed to achieving the intended results laid out herein.

Respectfully submitted,

Keith Dewar
Chief Executive Officer

ONE ISLAND HEALTH SYSTEM

1.0 Background and Purpose of this Document

In the fall of 2008, the Government of Prince Edward Island endorsed in principle the Corpus Sanchez International Report. The Department of Health (now the Department of Health and Wellness) used this report, previous studies of the PEI health system, and consultations with staff, physicians, unions and external stakeholders to establish the foundation for moving forward. This foundation included a vision, values, goals, and a strategic plan to guide the work of the health system for the next three years.

Instrumental to this work was Government's commitment to implementing a new governance model based on the report of the Health Governance Advisory Council released in the fall of 2009. This report recommended that a new operating entity be created to deliver health services supported by a comprehensive planning, performance and accountability framework. This framework included a three-year strategic plan supplemented by annual business and operational plans.

This business plan for Health PEI ensures that the organization continues to work towards achieving the longer term objectives as identified in the PEI Health System Strategic Plan 2009-2012, while ensuring it is responsive to the current and emerging issues. It acts as both an accountability document and a planning document. It functions as a formal agreement between Health PEI and the Minister of Health and Wellness and documents accomplishments to be achieved over the coming fiscal year.

2.0 Health PEI

As part of its strategy to create a sustainable health system, the Government developed the *Health Services Act*, S.P.E.I. 2009, Cap 7. This Act establishes the Crown Corporation Health PEI as an arm's length organization that will provide health services across the province, effectively separating the Department of Health and Wellness and health operations. Furthermore, this Act defines clear roles, responsibilities and accountability for both the Department of Health and Wellness and Health PEI.

2.1. Mandate

As defined in the *Health Services Act*, S.P.E.I. 2009, Cap 7, the mandate of Health PEI is as follows:

- The delivery of health care services in accordance with the Provincial Health Plan
- The development of objectives and priorities for health service delivery that are aligned with the Provincial Health Plan
- The management of fiscal, personnel and other resources required for the delivery of health care services
- The review and approval of operational health plans on a regular basis
- The promotion and protection of Islanders' health and the development and implementation of measures for the prevention of disease and injury

- The continual monitoring of health needs throughout the province
- The coordination of health services with other entities, including government departments and agencies, in order to fulfill provincial objectives and priorities
- The presentation of evidence-based recommendations to the Department of Health and Wellness so that the department may fulfill its leadership and support role more effectively and efficiently.

2.2. Responsibility

Areas of responsibility for Health PEI as outlined in the Provincial Health Plan include, but are not limited to:

- Ambulance services
- Dental services
- Diagnostic services
- Home-based care services
- Hospital services
- Medical services
- Mental health and addiction services
- Pharmacy services
- Primary care services

2.3. Accountability

The accountability framework for Health PEI is defined in the *Health Services Act*, S.P.E.I. 2009, Cap 7. Health PEI's business plan, commencing April 1, 2010, was prepared in accordance with this legislation and the government's accounting policies.

2.4. Vision, Values, and Goals

The vision, values and goals of Health PEI, which were adopted by the Department of Health in 2009 and are defined in the *PEI Health System Strategic Plan (2009-2012)*, contribute to the mandate and accountability of Health PEI.

Vision

The vision for Health PEI set out in the strategic plan is *One Island Community, One Island Future, One Island Health System*. Health PEI will act according to this vision by delivering health care through a single, integrated system of care. This system must be grounded in evidence-based decision making and focused on improving health, enhancing access, and refocusing the emphasis of the care delivery system on primary health care and services that can appropriately and safely be provided locally. Moreover, efforts will be made to ensure that this system is focused on meeting health needs in the most appropriate setting, by the most appropriate health professional, and in the most cost effective manner.

Values

- *Caring*: We will treat all people with compassion, respect, and fairness.
- *Excellence*: We will work together in an environment of trust as team members and partners in care, and be dedicated to continuous improvement based on sound evidence.
- *Stewardship*: We will make decisions responsibly, act with integrity, and be accountable.

Goals

- Quality: We will provide safe, dependable, and quality care that promotes good health outcomes.
- Equity: We will provide fair allocation and timely access to services based on need so that Islanders get the services they need and need the services they get. We will work to ensure appropriate wait times for services in targeted areas and strive to enhance services in key areas.
- Efficiency: We will use health care resources and information as efficiently as possible, ensure value for money, and make the best use of workforce skills. In doing so, we will reduce lengths of stay for bed-based services, reduce lengths of stay in hospital for patients who can appropriately receive care in a non-acute setting, and ensure the most efficient utilization of health human resources.
- Sustainability: We will ensure that the health system is stable and here to meet the needs of current and future generations. In striving toward sustainability, we will work to support a safe and healthy workforce, and ensure a sustainable rate of cost growth.

2.5. Application of Vision, Values and Goals

Focusing on these four goals will enable us to achieve our overall vision of One Island Health System by developing plans that are both deliverable and sustainable. Following this, the priorities and objectives identified in this plan are aligned with the four Strategies for Change outlined in the *PEI Health System Strategic Plan*. They aim at developing:

- A renewed model of community-based primary health care;
- An enhanced system of delivery for home-based care;
- Focused integration of acute and related facility-based care; and
- Investments in system enablers, which are defined as processes, services and functions designed to support the effective management of the system.

Furthermore, these priorities and objectives support provincial government priorities, commitments, relevant legislation, and the overall quality of health care provided to Islanders.

3.0 Key Strategic Initiatives for 2010/11

3.1. Process for Developing the Business Plan

Health PEI's business plan was guided by information from various sources and builds on a variety of processes and initiatives undertaken by the PEI health system in previous years. The following major activities were undertaken as part of the process to develop the Health PEI Business Plan:

- The *PEI Health System Strategic Plan 2009-2012* provided the overall direction (values and vision as a system) and framework (goals) for Health PEI's activities this year.
- A consultation process was undertaken with all divisions in the health system to determine key priorities for 2010/11 and identify critical issues in their respective business areas.
- Information from the divisional consultation sessions was amalgamated, and consultation sessions were undertaken with the Executive Leadership Team (the organization's senior leadership team) to validate and refine this information.
- Endorsement for the business plan was obtained from the Department of Health and Wellness.

3.2. Goals and Measurements

In order to improve the overall quality of PEI's health care system while confronting critical pressure points such as an increasing demand for services, health human resources shortages, and growing health system costs, Health PEI is managing its goals and objectives through the use of performance measures. These are tools used to quantifiably evaluate the critical success factors of the PEI health system.

Quality is paramount to the PEI health system. The concept of quality is multidimensional and covers the spectrum of health services, including patient safety, accessibility, efficiency, effectiveness, and sustainability. In order to ensure that PEI's health system provides quality care, it has adopted four main goals – Quality, Equity, Efficiency and Sustainability – to target results at a broad level. Each goal has a number of specific objectives that describe in detail the changes and results required over the next three years (refer to Table 1 for an overview of the goals, objectives and performance measures). These goals will likely remain stable over time; however, the objectives will evolve as changes are made and benefits from those changes are realized. New objectives may be added, and/or current objectives refined. Similarly, performance measures and indicators will evolve as measurement capacity improves and health system objectives are reached.

The management and revision of goals, objectives and performance measures will occur through consultation between the Health PEI Board, the Executive Leadership Team and the Department of Health and Wellness.

TABLE 1: GOALS, OBJECTIVES, PERFORMANCE MEASURES AND TARGETS FOR 2010/11 AND 2011/12

Health PEI Key Performance Indicators FY 2010/11

Goal	Objective	Indicator		Baseline 2008/09	Benchmark	Target 2010/11	Target 2011/12
Quality	Reduce unplanned readmissions for same condition (all hospitals)	% Unplanned Readmissions within 7 Days to Same Acute Care Facility		3.2%	1.64% (Can Avg)	2.8%	2.8%
		% Unplanned Readmissions within 8 to 28 Days to Same Acute Care Facility		4.0%	2.01% (Can Avg)	3.9%	3.9%
	Ensure appropriate patient safety standards are met.	Hospital Standardized Mortality Ratio		110	100	≤ 100	≤ 100
	Reduce hospital admissions for ACSC	Ambulatory Care Sensitive Conditions (ACSC). Rate per 100,000		485/326 (2007/08) 148%	326 (Can Avg) 100%	119%	105%
	Maintain or enhance satisfaction with service	Client, Patient, Family Satisfaction With Services (Acute Care)		96%	90%	≥ 90%	≥ 90%
Equity	Ensure timely access to key services in targeted areas	Proportion of patients who received targeted service within defined time frame	Wait times for radiation therapy	386/387 (99.7%) ARIA	90% within 4 wks	90% within 4 wks	90% within 4 wks
			Wait times for CT Scan Provincial Rollup	3708/6604 (56.1%) RIS PACS	90% within 2 wks-U1; 4 wks-U2 8 wks-U3	90% within 2 wks-U1; 4 wks-U2 8 wks-U3	90% within 2 wks-U1; 4 wks-U2 8 wks-U3
			Wait times for MRI Provincial Rollup	1265/2949 (42.9%) RIS PACS	90% within 2 wks-U1; 4 wks-U2 12 wks-U3	90% within 2 wks-U1; 4 wks-U2 12 wks-U3	90% within 2 wks-U1; 4 wks-U2 12 wks-U3
			Wait times for Hip replacement	117/130 (90.0%) Cactus	90% within 26 wks	90% within 26 wks	90% within 26 wks
			Wait times for Knee replacement	158/196 (80.6%) Cactus	90% within 26 wks	90% within 26 wks	90% within 26 wks
			Wait times for Cataract surgery	624/1054 (59.2%) Cactus	90% within 16 wks	90% within 16 wks	90% within 16 wks
	Enhance services in key areas	Budgeted Spending per Capita	Primary Healthcare	225.02 (09/10)	253.20 (Can Avg)	234.39	246.11
			Home Care	108.51 (09/10)	116.20 (CIHI)	120.66	126.69
			Long -term Care	431.70 (09/10)	480.30 (NHEX)	443.00	456.29
			Hospital services	1558.00 (09/10)	1615.30 (Can Avg)	1635.52	1668.23
			Physicians	658.31 (09/10)	719.40 (Can Avg)	689.98	703.78
			Drugs	243.18 (09/10)	278.50 (Can Avg)	252.85	268.02
			Ambulance	62.87 (09/10)	64.50 (CIHI)	68.14	70.87
Efficiency	Ensure appropriate LOS for bed based services.	Ave Length of Stay (ALOS) – (Acute Care ALOS – ELOS)- Variance in Days		8.4 - 5.3 = 3.1 days	ELOS	ELOS + 2 days	ELOS + 1 day
		Ave Length of Stay (ALOS) – (Long Term Care – Public Facilities)		3.3 years	≤ 2.8 years	3.0 years	2.9 years
	Improve efficient use of health human resources	Hours per Patient Day (HPPD)	ICU/CCU	15.74	14.03	14.98	14.03
			Medical Units (including combination units)	6.58	4.67-5.11	5.66	4.67-5.11
			Surgical Units	6.57	5.72	5.96	5.72
			Paediatric	11.56	5.94	10.47	5.94
			Ob/Gyn	10.52	5.17	8.27	5.17
			Mental Health	3.59	4.67	4.67	4.67
			Rehab Unit	6.15	4.11	4.58	4.11
			ALC Unit	n/a	4.11	n/a	n/a
			Community Hospitals	7.91	4.67	5.8	4.67
			Long Term Care (excluding Palliative)	3.82	3.5	3.68	3.5
			Palliative Care	6.26	5.7	5.7	5.7
Sustain-ability	Ensure operational sustainability within assigned resources	Budget Share- Health budget as % of tot provincial operational budget		33.6% (09/10)	34.6%	34.5%	34.6%
		Health budget as % of total provincial budget (program expend only)		37.0% (09/10)	37.9%	37.2%	37.5%
		Annual Results: Surplus (deficit) (Budgeted Minus Actual Expenditures)		$0.00	$0.00	$0.00	$0.00
	Ensure a safe and healthy work environment.	Sick Days Per FTE		11.81 days/FTE PeopleSoft	≤ 11.81 days/FTE	≤ 11.81 days/FTE	≤ 11.81 days/FTE
		Overtime Days Per FTE		7.53 days/FTE PeopleSoft	6.05 days/FTE	6.64 days/FTE	6.20 days/FTE
		Staff Satisfaction Rate		75.7%	78%	≥ 77%	Not measured

Results will be realized with allocation of appropriate resources.

3.3. Strategic Initiatives for 2010/11

Health organizations are complex entities and PEI's health system is no exception. Multiple projects and initiatives, ranging from large cross-divisional and interdepartmental projects to smaller ones initiated and implemented within a single program, are ongoing throughout the system at any given time. Regardless of scope, every project that is undertaken is focused on improving the overall quality of the system and, more importantly, the quality of care that is provided to Islanders. To reach the goals set out by the *PEI Health System Strategic Plan*, efforts and resources over the coming year will be focused on the following strategic initiatives (grouped under the four main areas of focus for change as defined in the Strategic Plan) with quality and patient safety as the underlying foundation of the whole framework: (1) renewed model of community-based primary care, (2) enhanced system of home-based home care services, (3) focused integration of acute and facility-based care, and (4) investments in strategic system enablers. All of these initiatives are multi-year projects that are incremental and have system-wide impact. Also, each initiative has multiple sub-projects. For example, one investment in strategic system enablers is the Information Technology/Information Management (IT/IM) Framework, which has three key projects: the drug information system; the electronic medical record; and telehealth.

TABLE 2: STRATEGIC INITIATIVES, EXECUTIVE LEAD AND REPORTING CYCLE FOR 2010/11 FISCAL YEAR

Key System Strategic Initiatives Planned for 2010/11		Executive Lead	Reporting Cycle to ELT
Quality	Quality and Patient Safety	ED Corporate Development and Innovation	Aug 2010 & Mar 2011
Renewed Model of Community-Based Primary Care	Cancer Care Initiative	ED Community Hospitals and Primary Care	Sep 2010 & Apr 2011
	Integrated Chronic Disease Management	ED Community Hospitals and Primary Care	Sep 2010 & Apr 2011
	Mental Health Services Strategy	ED Community Hospitals and Primary Care	Sep 2010 & Apr 2011
	Primary Healthcare Framework	ED Community Hospitals and Primary Care	Sep 2010 & Apr 2011
	Stroke Care Initiative	ED Community Hospitals and Primary Care	Sep 2010 & Apr 2011
Enhanced System of Home-Based Home Care Services	Manor Replacement Program	ED Home Based and Long Term Care	Jul 2010 & Feb 2011
	New Provincial Home Care Program Design	ED Home Based and Long Term Care	Jul 2010 & Feb 2011
Focused Integration of Acute and Facility-Based Care	Clinical Information System	ED Health Information Management	Oct 2010 & May 2011
	Diversion Strategy	ED PCH and ED QEH	Jun 2010 & Jan 2011
	Emergency Department and Ambulatory Care Centre Redevelopment	ED QEH	Aug 2010 & Mar 2011
	New Model of Care	ED Corporate Development and Innovation	May 2010 & Dec 2010
	Provincial Surgical Review	ED PCH and ED QEH	Jun 2010 & Jan 2011
	Utilization Management Program design and implementation	ED Medical Affairs	May 2010 & Dec 2010
	Transition Management Strategy	ED Medical Affairs	May 2010 & Dec 2010
	Wait Times Strategy	ED Corporate Development and Innovation	Nov 2010 & Jun 2011
Investments in Strategic System Enablers	New Governance Model	CEO	Oct 2010 & May 2011
	HR Framework	ED Corporate Development and Innovation	Nov 2010 & Jun 2011
	IT/IM Framework	ED Health Information Management	Oct 2010 & May 2011
	Medical Leadership Framework	ED Medical Affairs	Jun 2010 & Jan 2011

ED = Executive Director; ELT = Executive Leadership Team; PCH = Prince County Hospital; QEH = Queen Elizabeth Hospital

3.4. Leadership Committees

The Executive Leadership Team (ELT) is responsible for overseeing the stewardship and strategic direction of PEI's health system. In order to do this, a number of strategic committees have been established to address important areas of focus within the PEI health system. These strategic committees include the Advisory Committee on Organizational Development, the Clinical Information System Steering Committee, the Clinical Practice Advisory Committee, the Provincial Medical Advisory Committee, Quality Council, and the Wait Times Strategy Steering Committee. The activities carried out by these committees include the development and management of strategic initiatives as listed above in Table 2. ELT's role is to monitor and direct the actions of these committees in an efficient and consistent manner.

Executive Leadership Team

Health PEI's Executive Leadership Team is the organization's senior leadership and decision-making management body. ELT provides strategic and operational leadership and accountability for the delivery of quality health services in PEI to ensure that all Islanders have access to a high quality, equitable, efficient, and sustainable health system. The team meets at minimum twice per month.

Advisory Committee on Organizational Development

The Advisory Committee on Organizational Development's (ACOD) mandate is to lead the human resource planning activities for the health system and to ensure that human resource planning is consistent and transparent across the system. The committee provides evidence-based advice as well as policy and planning support on health human resource planning to ELT. Through these activities, ACOD aims to enhance leadership capacity, build workforce capacity, and create a work environment that fosters resilience and learning.

Clinical Practice Advisory Committee

The purpose of the Clinical Practice Advisory Committee (CPAC) is to provide leadership for clinical practice to nurses and allied health professionals across the spectrum of care provided to enhance quality, appropriateness and effectiveness in the delivery of health care services. CPAC is responsible for overseeing the redesigned model of care and has broad responsibilities for leading, developing, standardizing and monitoring the following: policy development, clinical guidelines and protocols, and clinical education.

Clinical Information System Steering Committee

The impetus of the Clinical Information System (CIS) and Interoperable Electronic Health Record (iEHR) initiatives is to improve overall patient safety and health outcomes by developing an electronic framework where health information can be securely gathered, stored and shared with greater efficiency and

consistency. The CIS Steering Committee was struck to manage activities associated with the design, build and implementation of these initiatives. The committee also monitors progress and performance of the CIS/iEHR initiatives and provides ongoing operational oversight through the implementation process.

Provincial Medical Advisory Committee

The Provincial Medical Advisory Committee (PMAC) is part of the medical leadership organizational structure of Health PEI. Its primary focus is to assist the Executive Director of Medical Affairs in ensuring that patients receive the best possible treatment and care by maintaining the highest possible standards and, where possible, improving those standards. Broad responsibilities include overseeing the effective organization, management and functioning of all medical staff, and the development of regulations, policies and procedures relating to medical staff affairs. PMAC also provides advice to the CEO of Health PEI, the Executive Director of Medical Affairs and the Health PEI Board in accordance with medical staff bylaws.

Quality Council

The purpose of the Quality Council is to provide leadership to the PEI health system in relation to the adoption and compliance with health care quality standards. The overall aim is to improve the quality of services Health PEI provides. Its main responsibilities include the promotion of an organizational culture of continuous quality improvement, the support of quality improvement activities, the identification of barriers and strategies to improve quality, and the provision of oversight to the quality system. In order to carry out these efforts, the Quality Council has set up eighteen quality teams that each deal with a specific area within the PEI health system.

Wait Times Strategy Steering Committee

The Wait Times Strategy Steering Committee oversees the development, implementation and ongoing operation of PEI's Wait Times Strategy. This strategy was developed in response to the national priority that was agreed to by the First Ministers in 2004, wherein they committed to work collaboratively to reduce wait times and improve access. The committee also monitors the progress and performance of the strategy, as well as other pilot projects and special initiatives related to wait times.

4.0 System-wide Critical Issues

4.1. Adoption and Compliance with Emerging Standards

Health PEI must adopt and comply with a variety of emerging standards, including those put in place by Accreditation Canada, to evaluate and improve the quality of services it provides, ranging from patient safety and ethical standards to community partnerships. These standards provide recognition that Health PEI's services meet national standards of excellence. Currently, the growing number of standards and the increasing quantity of information required to adopt such standards is threatening to overwhelm the PEI health system by creating demands that exceed both Health PEI's human resource and technological capacity.

4.2. Human Resources

Building workforce capacity is necessary for the delivery of high quality health services. Like many other jurisdictions, PEI is faced with health human resource shortages in some areas (e.g., allied health), a large number of health professionals soon eligible for retirement, workload management issues, the declining appeal of some health care jobs, and an increasingly competitive global market. Combined, these challenges have a major impact on the health system in the areas of quality, efficiency, equity, and sustainability.

Although there are gaps in our current health system, there are also significant opportunities to improve the effectiveness of our service delivery, to introduce new service models that focus on supporting people in their homes or community, and to reduce the emphasis on institutional care. Government initiatives, such as the Recruitment and Retention Secretariat and physician recruitment and retention strategies, are proving successful and are helping to address some of the challenges.

4.3. Patient Flow and Utilization Management

Currently, the PEI health system is faced with a variety of utilization management and patient flow challenges, such as longer than anticipated lengths of stay in acute care facilities, emergency room diversions, and inadequate community supports. These challenges have a variety of negative implications for acute care patient outcomes, quality of care, resource utilization, staff work-life, and overall health system efficiency and effectiveness. There are also growing Alternate Level of Care (ALC) challenges that place added capacity pressures on the acute care system. To create a sustainable health system, it is necessary to develop a provincial utilization management framework that ensures patients get the right care, in the most appropriate setting, for the appropriate duration of time, by the most appropriate provider(s).

4.4. Service Gaps

A number of service gaps have been identified such as services for preschool children with special needs, mental health services for seniors and PEI's dialysis program. These pose significant challenges for PEI's health system. While not specifically outlined in this business plan, work is underway to address these challenges at the operational level.

4.5. Technology

Information technology and information management (IT/IM) resources are key components of a modern health system. These resources are critical to:

1. Ensuring the availability of information to support clinical practice and decision-making;
2. Supporting changes in practice and service delivery required to support enhanced community-based primary health care and home care;
3. Providing the information required to ensure the most efficient use of resources; and
4. Ensuring system sustainability and accountability for Islanders.

IT/IM initiatives, such as CIS, need to be leveraged to improve access and quality of care. However, in order for IT/IM to be effective, it is necessary for Health PEI to ensure that new IT/IM initiatives are implemented consistently across the health system and that adequate resources are put in place to provide sufficient training to staff.

5.0 Budget and Resource Summary

TABLE 3: RESOURCE SUMMARY TABLE

Core Business Area	2010/11 Estimate	2009/10 Forecast	2009/10 Estimate
Operating Expenses ($)[§]			
Community Hospitals and Primary Health Care	68,449,700	66,090,000	66,289,800
Corporate Development and Innovation	8,049,200	8,664,100	7,636,600
Financial Services	12,005,800	11,756,800	11,452,100
Health Information Management	7,670,900	7,143,800	7,113,100
Home Based & Long Term Care	79,467,300	76,159,400	76,162,500
Medical Affairs	130,010,100	126,772,800	123,323,200
Provincial Acute Care	134,611,500	129,074,900	128,442,000
Provincial Clinical Services	75,716,200	71,482,200	71,893,200
Total Expenditure	515,980,700	497,144,000	492,312,500
Full-time Permanent Equivalents (Direct FTEs)[¥]			
Community Hospitals and Primary Health Care	751.8	--	727.6
Corporate Development and Innovation[†]	49.0	--	47.0
Financial Services	82.4	--	83.4
Health Information Management	28.0	--	28.0
Home Based and Long Term Care	805.4	--	753.1
Medical Affairs	9.5	--	10.6
Provincial Acute Care	1252.7	--	1198.2
Provincial Clinical Services	285.0	--	270.8
Total FTEs	3263.9	--	3118.8
Capital Plan ($)[†]			
Capital Improvements	38,182,000	23,728,700	35,350,000
Capital Equipment and Repairs	10,509,600	15,005,800	-
Technology (includes Clinical Information System)	2,000,000	5,071,400	3,000,000
Total Capital Expenditure	50,691,600	43,805,900	38,350,000

Notes:

§ Information derived from 2010 Provincial Budget that was submitted April 23, 2010

¥ As reported to Treasury and Legislative Assembly (excludes Population Health)

† Information derived from 2009 Provincial Capital Budget

5.1. Major Capital Projects

Capital investment ensures the province's health infrastructure is maintained and modified or expanded to meet the health service needs of our changing demographics.

The health sector invests in health facilities, such as hospitals (e.g. QEH redevelopment), manors, and clinics. Capital investment is also made in medical equipment, including CT scanners, laboratory systems and surgical equipment. In addition, investments in information technology and information management systems improve service quality and efficiency, and increase access to services.

Five-year capital plans are prepared annually to ensure that the significant costs associated with capital investments are strategic, cost effective, and align with other health sector planning.