



# **Ontario Health Annual Report**

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**2023/2024**

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Ontario Health Annual Report 2023/2024

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ISSN 2563

# Ontario Health 2023/24 Annual Report

## A Message from Ontario Health's Board Chair and President & CEO

As we write Ontario Health's report for 2023/24, we can't help but look back on our first five years as an agency and reflect on our progress and accomplishments. Navigating the organizational growing pains that came with combining 22 agencies into one unified entity while responding to a once-in-a-lifetime international pandemic was no easy feat. But through the adversity and working with partners, we established ourselves as a leader in the health care system. Today, we continue to drive changes that make the health system more efficient for people across Ontario.

In March 2024, we welcomed Dr. Catherine Zahn as our Board Chair. Her 40-year history of contributions to the Ontario health care sector, including serving as Deputy Minister of Health and President and CEO of the Centre for Addiction and Mental Health, will be invaluable to Ontario Health; we look forward to working together. We recognize and thank Bill Hatanaka, inaugural Board Chair of Ontario Health. Bill provided exceptional leadership over five years, putting Ontario Health on a successful path towards integrating the delivery of care in the province.

This fiscal year marks our first full year in a post-pandemic environment. This gave us the ability to proactively plan for fall and winter respiratory surges leveraging our lessons learned from the COVID-19 years. Pediatrics was a central focus for our surge preparations, and with the government's support, we rolled out a robust pediatric plan to improve the system and performance. Together with system partners, we successfully navigated through waves of flu, COVID-19 and respiratory syncytial virus (RSV) in both children and adults, with the peak surge in mid-January 2024. The high-pressure period was marked by very high hospital occupancy, particularly in adults, yet adult and pediatric surgical performance was maintained.

As we look to the future, we will use lessons learned in 2023/24 to support year-round system optimization and pressure planning in the post-pandemic environment.

We are pleased to present our 2023/24 Annual Report which describes our work with our many partners to connect the health system and drive improved and equitable outcomes, experiences and value to all people in Ontario.

**Catherine Zahn**  
Board Chair, Ontario Health

**Matthew Anderson,**  
President & CEO, Ontario Health

# Introduction

Ontario Health's mandate is to connect, coordinate and modernize our province's health care system to ensure that the people of Ontario receive the best possible patient-centred care, when and where they need it. Ontario Health oversees health care planning and delivery across the province, which includes ensuring frontline providers and other health professionals have the tools and information they need to deliver quality care in their communities.

Ontario Health is an agency of the Government of Ontario and is guided by a mandate from the Minister of Health. Governed by a Board of Directors, the Chair of the Board is accountable to the Minister of Health.

The Government of Ontario sets policy direction and funds Ontario's health system. Ontario Health is the government's principal clinical and health system advisor and operator, leading operations, planning and implementation of government priorities.

Ontario Health is the first point of contact for health service providers and delivery organizations. We monitor and hold them accountable to achieve outlined performance outcomes and provide government resources and funding that is based on provincial priorities and funding model, allocating and reallocating based on need, performance and value.

We conduct system-level engagement with patients, caregivers and health system delivery organizations.

We are committed to being open and transparent. Core governance documents clarifying our role, responsibilities and direction from government (Memorandum of Understanding between the Minister of Health and Chair of Ontario Health; Accountability Agreements; Letters of Direction and Strategic Priorities) can be accessed at [ontariohealth.ca](https://ontariohealth.ca).

## The Connecting Care Act

*The Connecting Care Act, 2019* (Act) sets out our role and our governance structure. In alignment with the Act, Ontario Health was created to:

- Implement the health system strategies developed by the Ministry of Health (.)
- Manage health service needs across Ontario, consistent with the ministry's strategies to ensure the quality and sustainability of the health system. We do this through:
  - Health system operational management and coordination
  - Health system performance measurement and reporting
  - Health system quality improvements
  - Clinical and quality standards
  - Knowledge dissemination
  - Patient engagement and patient relations

- Digital health (and all that entails), and
  - Supporting health care provider recruitment and retention.
- Support, through the Mental Health and Addictions Centre of Excellence, the mental health and addictions strategy provided for under *the Mental Health and Addictions Centre of Excellence Act, 2019*.
- Support the planning, coordination and delivery of organ and tissue donation and transplantation patient services, in accordance with the *Gift of Life Act*.
- Support the Office of the Patient Ombudsman.
- Support or provide supply chain management services to health service providers and related organizations.
- Provide advice, recommendations and information to the Minister and other participants in the Ontario health care system in respect of health care issues that the Minister may specify.
- Promote health service integration to enable appropriate, coordinated and effective health service delivery.
- Respect the diversity of communities and the requirements of the *French Language Services Act*.
- Provide shared services to:
  - Ontario Health atHome (previously known as Home and Community Care Support Services);
  - Health service providers (HSPs) and Ontario Health Teams (OHTs) funded by Ontario Health in respect to home and community care services those providers and OHTs provide; and
  - Placement coordinators designated under the *Fixing Long-Term Care Act, 2021* in respect to the long-term care home placement co-ordination services those placement co-ordinators provide.
- Conduct or fund research programs that are specified in the accountability agreement between Ontario Health and the Minister.
- Develop or adopt standards respecting digital health products and digital health services and the suppliers of such products and services, and certify products, services and suppliers in accordance with such standards.
- Carry out the powers, functions and responsibilities provided under the *Personal Health Information Protection Act, 2004*.

Our roles and duties also include assessing and planning for local health needs, and recognizing the role of Indigenous people and communities in the planning, design, delivery and evaluation of health services in their communities.

## Mission, Vision and Values

In all that we do, we are guided by a commitment to our vision, mission and values.

**Our vision:** Together, we will be a leader in health and wellness for all.

**Our mission:** To connect the health system to drive improved and equitable health outcomes, experiences and value.

### Our values:

- Integrity
- Inspiration
- Tenacity
- Humility
- Care

## Quintuple Aim

Our work is also guided by five objectives critical in the delivery of world-class health care services. We aim to:

- Enhance patient experience
- Improve population health
- Improve provider experience
- Improve value
- Advance health equity

## 2023/24 Annual Business Plan

Ontario Health's [Annual Business Plan \(ABP\)](#) is a critical planning document that sets out our overarching goals, priorities and key activities. Our 2023/24 ABP aligned with our strategic priorities and ensured delivery against our legislative objectives, our mandate letter from the Ministry of Health and our strategic priorities letter from the Ministry of Long-Term Care. This plan is also informed by the Ontario Government's *Plan to Stay Open: Health System Stability and Recovery*, which acknowledges the critical pressures being felt in the provincial health system and is grounded in *Your Health: A Plan for Connected and Convenient Care*, and its three pillars: The Right Care in the Right Place; Faster Access to Care; and Hiring More Health Care Workers.

Our 2023/24 ABP identified five multi-year priorities:

- 1) Reduce health inequities
- 2) Transform care with the person at the centre
- 3) Enhance clinical care and service excellence

- 4) Maximize system value by applying evidence
- 5) Strengthen Ontario Health's ability to lead

This annual report highlights our progress with our partners from April 1, 2023, to March 31, 2024, aligned to the above priorities.

# 2023/24 Highlights

## 1. Reduce Health Inequities

Ontario Health is committed to reducing health inequities by improving health care access, experiences and outcomes. To do so, we must understand and respond to the distinct needs of communities. Our work focused on First Nations, Inuit, Métis and Urban Indigenous communities; Black communities; equity-deserving, high-priority populations and communities with geographic disparities in access to care; and the Francophone population. Highlights of our impact together include:

- A historic agreement with the Ontario Native Women's Association laid the foundation for ongoing partnerships to improve health care access and outcomes for Indigenous peoples.
- Access to mental health and addiction support for Black children and youth increased through 35 new and expanded tailored community-based programs.
- People across the province have timely access to trusted health information via Health811.
- Vulnerable patients living with complex needs are being supported through expanded adult day programming and with help from specialized resource teams.

### 1.1 Improve equitable outcomes and experiences

#### **COMMIT TO WORKING WITH FIRST NATIONS, INUIT, MÉTIS AND URBAN INDIGENOUS COMMUNITIES, LEADERS AND ORGANIZATIONS TO IMPROVE HEALTH OUTCOMES.**

- To continue to advance our commitments to reconciliation and to work together to address the health and health inequities of Indigenous peoples, families, communities and nations, the First Nations, Inuit, Métis and Urban Indigenous (FNIMUI) Health Framework was launched in January 2024 and is a platform to begin the discussions on the development of the FNIMUI Health Plan.
- We developed a draft of the First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy (2024-2028) and gathered feedback from Regional Cancer Programs to support the development of a strategy that will improve the performance of the cancer system for Indigenous people in Ontario, reduce the burden of cancer in these communities and honour Indigenous concepts of well-being.
- A historic relationship protocol agreement with the Ontario Native Women's Association was developed to address health disparities, promote cultural safety and enhance quality health care services for Indigenous women and girls; five additional agreements are in development with FNIMUI partners.
- We implemented new obligations for non-Indigenous HSPs to complete annual year-end reports and workplans. Obligations focus on building productive relationships and sustainable engagement processes with FNIMUI partners, access to culturally safe care and increasing organizational Indigenous cultural competency.

- We worked with FNIMUI partners to develop and refine an internal Indigenous Data Governance Matters process at Ontario Health that aims to provide direction, accountability and standardized approaches to ensure the respectful use of FNIMUI data at Ontario Health. The process aims to ensure that Ontario Health projects respect FNIMUI data sovereignty, benefit distinct FNIMUI communities and adhere to the recommended processes for respectful engagement with FNIMUI partners.

## **IMPLEMENT THE BLACK HEALTH PLAN**

- Ontario Health collaborated with health system partners to fund Black Health Plan initiatives, including launching Black health promotion and wellness clinics using culturally responsive Afro-centric prevention models.
- In partnership with the government, we supported the development and launch of the Peel Black Health and Social Services Hub, including collaborating with community partners to co-design services and programs that will improve access, experiences and outcomes for Black populations.
- To increase awareness and capacity for pediatric HSPs, Ontario Health funded anti-Black racism education for patient-facing medical and health professionals, including the Black Health Primer through the Black Health Education Collaborative.
- To improve the delivery of high-quality care for people living with sickle cell disease, a condition disproportionately affecting Black people, Ontario Health implemented the Sickle Cell Disease Quality Standard through education and capacity-building for pediatric providers, equitable care pathways and treatment, increased provider resources outlining appropriate screening and treatment and quality improvement program indicators to monitor, plan and ensure quality of care.
- Ontario Health expanded access and funding to 35 community-based mental health and addiction programs and services for Black children and youth. These culturally responsive mental health modalities include wellness programs, peer support, health navigation models of care and individual and group therapies.
- To sustain and promote collaboration with Black clinicians, we formalized a partnership with the Black Health Alliance and the Black Physicians' Association of Ontario to advance the High Priority Communities Strategy and the Black Health Plan. As a result of these partnerships, we directly engaged communities and leveraged their insights in our planning and strategy via eight Black Health Talks, 23 wellness clinics and three engagement forums.

## **FOCUS ON EQUITY-DESERVING COMMUNITIES, HIGH-PRIORITY COMMUNITIES AND COMMUNITIES WITH GEOGRAPHIC DISPARITIES IN ACCESS TO CARE**

- Ontario Health supported the advancement of the High Priority Communities Strategy by funding the Preventive Care Program in collaboration with partners to reduce health inequities faced by

rural and remote communities and connected 24 high priority neighbourhoods to OHTs to improve equitable access to care.

- To enhance the inclusivity of Health811 services, we began work to incorporate accessible 2SLGBTQIA+ resources. We also improved access to 2SLGBTQIA+ mental health services through initiatives such as gender-affirming care services and co-created specialized peer and group mental health therapies.
- We increased capacity building and training opportunities for providers in gender-affirming and 2SLGBTQIA+ mental health and addictions care in collaboration with Rainbow Health Ontario.
- We drafted a gender-affirming care quality standard, with input from individuals with lived experiences, to improve care for adults receiving care, including assessment, screening, treatment and follow-up.

## **FOCUS ON FRANCOPHONE POPULATIONS**

- Access to health services in French continued to be a priority; Ontario Health's French Language Services (FLS) team supported major initiatives such as Health811, Ontario Structured Psychotherapy, a funding opportunity to support community care providers in primary-level palliative care and Breaking Free Online.
- To support further access to FLS health services, the transfer payment agreements with OHTs include requirements on French language services including through the application of the principles of Active Offer.
- We supported the increase of services in French including the Francophone regional navigation project to reduce health inequities and improve health outcomes in the Toronto region for the Francophone community; seven mental health first aid courses in French in the West region; and the implementation of a FLS Community of Practice in the Central region to advance health equity and Active Offer. In the North regions, the Business, Intelligence and Analytics and FLS teams developed a capacity map to support the advancement of FLS services in the North. The map overlays which HSPs are designated, identified and non-identified over the percentage of Francophones by region based on the census.

## **1.2 Improve access to supportive care in housing**

- As part of our targeted Alternate Level of Care (ALC) avoidance strategy, Ontario Health regions supported the rapid prioritization and deployment of funding to increase supports and services (e.g., assisted living, adult day programs, respite, etc.) to ensure people were supported at home and in their community.
- In the East region, a Community Support Services (CSS) Survey Inventory Report was completed and circulated to better understand the current state of the CSS sector and transportation

services. The results will support capacity planning and inform further collaboration relating to ALC and emergency department diversion strategies.

- We expanded access to innovative models of care in the West region with a priority focus on those most vulnerable, which included the expansion of services within adult day programs and 10 Let's Go Home (LEGHO) programs receiving one-time funding. Additionally, seven HSPs implemented dementia resources teams across 11 hospital sites. These enhancements increased the unique individuals served; over 5,000 individuals received LEGHO services.
- ALC initiatives, including the expansion of hospital-to-home programs, behavioural supports in the community and in hospital settings, as well as the expansion of innovative technologies such as Virtual Behavioural Medicine (VBM) and Remote Care Monitoring (RCM), supported more than 5,000 individuals across Toronto.

### 1.3 Advance whole person care experiences and outcomes

- We continued to build on the commitment to provide the one-stop 'Digital Front Door' for people in Ontario to access health information, advice and initial triage to become connected to health care services through Health811. Over the past year, Health811 handled over 880,000 patient encounters via phone, online chat and its symptom assessment tool.
- Health811 launched community pages with curated local health-related content and services and made improvements to the health services directory and medical condition library features. Protocols were established to enable patients to be referred to local pharmacists for care for minor ailments.
- To improve access to and navigation of health services with and for Indigenous communities, the Health811 team began work on building relationships and engaging First Nations, Inuit, Métis and Urban Indigenous partners to identify gaps and opportunities for potential enhancements to the Health811 service.
- To monitor OHT performance and facilitate local quality improvement through a patient lens, we developed a patient-reported experience measurement (PREM) survey. It will be piloted in two OHTs with planned implementation in the initial 12 OHTs identified for acceleration.
- We began implementing patient reported outcome measures (PROMs) alongside the integrated clinical pathways for heart failure and lower limb preservation, enabling improved clinical care through symptom identification and management and supporting evaluation of the pathways. This year, lower limb preservation PROMs were implemented in three OHTs and heart failure PROMs were implemented in seven OHTs.
- Five new quality-based procedure-funded hospitals went live, collecting hip and knee PROMS and increasing total sites to 48 out of 57 hospital sites collecting. Five new quality-based procedure-funded hospitals went live, collecting hip and knee PROMS and increasing total sites to 48 out of

57 hospital sites collecting. Sixty-eight of 69 cancer sites are now collecting oncology PROMs, which facilitate improved patient care and outcomes across the system.

## Health System Performance Monitoring, Management, Coordination and Integration

Our strategic priorities are achieved alongside our daily objectives of health system operational management, coordination, performance measurement and management and integration. In addition to these objectives and our ongoing system supports and issues management, we continued to work with the Ministry of Health, the Ministry of Long-Term Care and our delivery partners toward the objectives below. Highlights of our impact together include:

- Fewer patients are waiting beyond clinical targets for their surgeries.
- More patients have access to diagnostic MRI scans.
- Thousands more nurses are working and providing care in high-need hospitals, long-term care homes and home and community care organizations.
- Patients in rural and remote communities are receiving high-quality care closer to home as a result of various programs that provide thousands of days of physician coverage.

### A. Stabilize and transform health human resources (HHR)

- We improved overall nursing capacity with the recruitment of more than 2,600 nurses into high-need hospitals, long-term care homes and home and community care organizations through the Community Commitment Program for Nurses (CCPN).
- The Emergency Department Peer-to-Peer Program expanded for emergency department peer physicians to provide most responsible physician (MRP) support to the virtual emergency response (VER) in 31 nursing stations in the Sioux Lookout catchment area.
- The Supervised Practice Experience Partnership Program provided over 1,700 internationally educated nurses with supervised practice experience, allowing them to become licensed in Ontario. To reduce barriers to licensure and increase capacity in Ontario's health care system, Ontario Health supported approximately 10,000 inactive or internationally educated nurses to enter the health workforce by reimbursing costs related to exams and registration.
- Over 1,300 personal support workers (PSWs) entered Ontario's long-term care and home and community care sectors through PSW incentive programs.
- Through the Enhanced Extern Program, over 4,700 externs (primarily nursing students) are currently participating in Ontario's Extern Program with over 2,795 who have gone on to be hired in Ontario hospitals.
- To maintain accessible health care services in rural and remote communities, we provided more than 27,200 days of physician coverage through the Emergency Department Locum Program (EDLP), Northern Specialist Locum Program and Rural Family Medicine Locum Program.

- To expand surgical capacity in publicly funded hospitals across the province, Ontario Health provided \$10 million through the surgical pathway training fund to train and upskill health care professionals, preparing them to work in operating rooms and systemic therapy and diagnostic imaging settings.
- Continuing our emphasis on sharing leading health workforce practices across the field, we partnered with Ontario Caregiver Organization to roll out the essential care partner support hub initiative. This initiative integrates essential care partners within hospital and long-term care settings.
- In the North regions, we developed a “Made in the North, For the North” HHR strategy in collaboration with the Ministry of Health with a funding commitment of \$50 million over three years. In year one, HHR planning networks were established to implement local strategies to stabilize and transform health services, enhance physician recruitment supports, support learners, work with colleges to support placement of 67 new nursing seats and provide seed funding for transformational projects.

### **B. i. Support surge responses and emergency risk management**

- Ontario Health worked with partners, including the Ministry of Health, the Ministry of Long-Term Care, the Office of the Chief Medical Officer and health service providers on respiratory surge exercises, response coordination tables and lesson learned debriefs to ensure system readiness for fall and winter surge.
- We developed an action plan to effectively mitigate and minimize impact on the health system which focused on five strategic areas: seasonal viral response; hospital and ALC; pediatrics; emergency department (ED) support and diversion; and HHR.
- To support provincial pediatric services with surge response, we assisted in the development of proactive surge strategies including the protection of the availability of transport teams and surge provincial planning, response and escalation when teams are unavailable.
- Developed a business continuity management system (BCMS) framework to establish an integrated approach to emergency planning/preparation and internal business continuity management.
- We liaised with infection prevention and control (IPAC) hubs to define our role; regions initiated one-time IPAC funding to support hubs.
- We managed preparation and health system coordination for emergency evacuation of eight northern First Nations to 12 community hosting sites due to fire, flood and infrastructure failure.

## ii. Support equitable recovery

- Based on data and recommendations from Ontario Health, the Ministry of Health funded efforts to target long wait surgical procedures through the incremental surgical recovery (ISR) fund. Overall surgical metrics show volume trends back to pre-pandemic levels and long waiters decreased 30% over the last two years.
- To strengthen diagnostic imaging capacity, hospitals received new base funding for 49 new MRI machines. We partnered with hospitals to develop a four-year schedule for all machine go-lives, with 23 active machines as of March 2024. This resulted in an additional 44,113 funded operating hours or approximately 66,170 MRI patient scans.
- The Integrated Community Health Services Centres (ICHSC) project aims to broaden the capabilities of community surgical and diagnostic imaging centers to increase capacity and reduce wait times. The *Integrated Community Health Services Centres Act* was proclaimed in September 2023, replacing the former *Independent Health Facilities Act* to improve integration and alignment with broader system planning. Planning is underway for a transfer of accountability and funding for ICHSCs with existing surgical and diagnostic transfer payment agreements to Ontario Health.

## C. Improve capacity, access and flow (Alternate Level of Care (ALC) across sectors, community paramedicine, and clients waiting in crisis in the community)

- To support capacity and flow maximization in preparation for the fall respiratory season, provincial rehab and complex continuing care operational guidance was issued in July.
- Access and flow was considered a priority issue and included in Quality Improvement Plans (QIPs) with over 74% of organizations committing to improvements in their annual plans.
- In collaboration with health system partners, we achieved lower than expected ALC Open Volume this year compared to forecast (achieved 4,185). Additionally, we maintained a lower ALC length of stay of 80 days when compared to 140 days in 2019. This was accomplished with an increasing demand, a 30% increase in newly added ALC cases compared to 2019, targeted funding, focus on admission diversion, maximizing capacity and support discharge (in addition to identifying opportunities and optimizing processes, inclusive of ALC leading practices and evolution of home-first approaches).
- We continued to optimize utilization of all hospital bed capacity including the implementation of up to 3,500 hospital beds, optimization of patient flow into complex continuing care and rehab beds and advancing investments in community services to drive improvements in ALC.
- Our work also enabled community paramedicine programs to further support surge, vaccinations and support in the LTC sector.

- We created a community paramedicine business intelligence (BI) tool to be linked to the health and safety index (HSI) which measures the performance of Ontario's health and safety system. This tool will enable an understanding of community paramedicine programming available across all regions and will also provide the number of patients being supported.
- To support Indigenous-led models of care for community paramedicine (CP), a task group was formed to deliver a current state and gap analysis of Indigenous communities' access to CP and the service models of care in place, and training on Indigenous cultural safety, palliative care and traditional medicine in CP programs. This analysis will guide targeted interventions and future work to improve CP services for Indigenous populations in Ontario.

## 2. Transform Care with the Person at the Centre

This year we focused on working with patients, providers and partners to advance initiatives that will continuously improve planning and delivery of high-quality connected and coordinated care for all people in Ontario. Highlights of our impact together include:

- Thousands of people received therapy for depression and anxiety-related conditions through the Ontario Structured Psychotherapy program.
- People in remote and rural communities received services for mental health and addiction issues closer to home through mobile clinics.
- More patients are able to access primary care through expanded interprofessional primary care teams.
- More patients are able to book and access care closer to home through virtual appointments.
- Patients are receiving more timely referrals to and consultations for specialized care and follow-up through digital health tools supporting clinical practice, such as eReferral and eConsult.

### 2.1 Support improved access to high-quality mental health and addictions care

- We expanded services for people living with depression and anxiety related disorders with more than 18,000 new enrolments in the Ontario Structured Psychotherapy (OSP) program. Fifty per cent of enrolments who completed two sessions had reliable improvement. Additionally, development of repetitive transcranial magnetic stimulation (rTMS) for individuals requiring more intensive therapy began and a phased implementation is in place.
- Mobile mental health and addictions (MHA) clinics that provide individuals living in remote or rural areas saw over 1,400 individuals; 95% indicated they felt better because of the service they received.
- We continue to support the uptake of the Health Care Worker Program, a program that provides quick access to mental health professionals to health care workers, serving 6,600 clients from May 2020.

- We developed standardized care expectations for clinical/quality/service standards for outpatient-based eating disorders care and early psychosis intervention.
- Implementation planning began for a standardized, integrated substance use disorder (SUD) care pathway involving people at high risk of opioid and/or alcohol-related morbidity or mortality. The addiction recovery fund funded bed-based SUD services for over 1,700 persons.
- Completed phase one of the mental health and addictions asset inventory. A comprehensive list of mental health and addiction providers was created using multiple datasets. This tool will be used to identify, validate, and assess the supply of provincially funded MHA resources to support work on demand planning.
- Through the mental health and addiction data and digital initiative (MHA DDI), we completed several data and digital initiatives to reduce data burden and enhance performance reporting:
- Thirty-seven adult community mental health and addictions HSPs submitted data to the provincial data set (PDS).
  - Thirty-three HSPs received funding to support migrating to a compliant customer management system that enable PDS submissions.
- The data, analytics and reporting strategy was developed, providing a vision for the collection, use and sharing of data at the MHA Centre of Excellence.
- We supported the expansion of established coordinated access models, including the AccessMHA in the East region which assisted over 12,000 clients in accessing services for mental health, substance use health and addiction issues.

## 2.2 Support improved access and quality of care and life along an aging care continuum, including in long-term care (LTC) homes

- We supported the Ministry of Long-Term Care in the introduction of new initiatives to improve access to diagnostic services for long-term care (LTC), designed to improve residents' experience with care and quality of life, improve residents' access to appropriate diagnostic testing and treatment and reduce hospital pressures. As part of this plan, we supported the implementation of the ministry's equipment and training fund for LTC homes and built better care pathways for residents by enhancing partnerships with hospitals and community partners.
- In collaboration with the Ministry of Long-Term Care, the local priorities fund provided support for targeted investments in specialized staffing, equipment, and services in support of ALC patients from hospitals to LTC and hospital diversion. In addition, funding was allocated for equipment and training, to improve access to diagnostic services, manage care and reduce emergency department transfers for LTC residents and to initiate the nurse-led outreach team resources in selected sites with low coverage.

- We expanded behaviour support beds (BSUs) adding 51 new beds to the existing 347 BSU beds in the province. To make critical health care data for LTC residents more accessible to clinicians, we integrated over 550 long-term care point-of-care digital systems with electronic health record data, including laboratory and drug data.
- With the goal of emergency department (ED) avoidance, we implemented a pilot to support 11 LTC homes in Northwestern Toronto with diagnostic needs assessment, pre-booking of diagnostic imaging appointments, and non-urgent transport to/from LTC; 469 ED visits were avoided as a result. Additionally, 10 LTC homes in Barrie and the surrounding area were supported with expedited access to imaging and non-urgent transportation to and from LTC; resulting in an additional 24 individuals that avoided ED visits.

## 2.3 Expand access to high-quality, integrated care through accelerated implementation of Ontario Health Teams (OHTs)

- In collaboration with the Ministry of Health, Ontario Health identified 12 OHTs to advance towards maturity and be considered for potential designation under the *Connecting Care Act, 2019*. These 12 OHTs will be positioned to deliver better, more connected and convenient patient care, test new models of care, share lessons learned and provide peer leadership to support accelerated impact across all OHTs. As they advance, they will continue to focus on common clinical priorities, including integrated clinical pathways (ICPs), system navigation, supports for unattached patients, cancer screening and preventive care, patient, family and caregiver involvement, home care readiness and primary care networks (PCNs).
- As a result of continued collaboration with the Ministry of Health to implement the OHT model, there are now 58 approved OHTs in Ontario. These teams will continue to break down barriers to connect people in Ontario to better and more convenient care within their communities.
- We launched the social determinants of health framework. This evidence-based framework is a practical tool to help health care and community leaders improve health outcomes by dealing with non-medical, health-related social issues that affect people's health.
- We released the last of nine initial planned reports on the OHT data dashboard. The most recent release, *Priority Populations*, focuses on high-priority patient cohorts and provides an overview of their health system utilization and primary characteristics. The OHT data dashboard is a business intelligence tool designed to support OHTs with planning and decision making to deliver integrated care across the province and meet the needs of the population.
- In collaboration with OHT representatives, patient, family and caregiver partners, and scientific advisors, we finalized the selection of OHT performance measures for the OHT performance framework.
- We supported the evolution and implementation of OHT collaborative quality improvement plans (cQIP) to support multiple partner organizations within an OHT in employing an equity lens

systematically to identify and bridge gaps in care using quality improvement and change management principles.

## **2.4 Support and expand access to integrated, comprehensive, interprofessional primary health care**

- In collaboration with the Ministry of Health, we supported the development and communication of a provincial vision for Primary Care Networks (PCNs). In January, the ministry released the “Primary Care Networks in Ontario Health Teams” guidance document, which was accompanied by a provincial webinar that included primary care, physicians and OHT clinical leaders.
- We executed a provincial PCN plan that will support the development and implementation of OHTs which includes guidance and assessment of PCN functions and priorities; identifies clinical supports for primary care engagement and integration in OHTs; and recommendations for funding supporting PCNs.
- We co-managed the 2023 interprofessional primary care team’s expansion expression of interest process with the Ministry of Health, receiving over 300 expressions of interest. As a result, \$60 million of funding was added for 2024-25, for a total of \$90 million allocated to support the expansion of interprofessional team-based primary care in Ontario. This will result in funding for 66 new or expanded teams with Ontario Health oversight in 2024-25 (78 overall) and will result in access to primary care for a target of over 300,000 unattached patients.
- We supported families by increasing access to pediatric preventative care for children ages 0 to 5 experiencing barriers to care in 17 Community Health Centres in communities across Ontario with the highest community pediatric unattachment rates.

## **2.5 Supporting people in the community (support integration of home care provided by Ontario Health at Home into OHTs and points of care)**

- To support modernized home care contracting, Ontario Health collaborated with the Ministry of Health and Ontario Health atHome to propose a provincial operating table for home care contracts with service provider organizations in Ontario. The proposed model aims to boost standardization, streamline administration and enhance accountability.
- We completed a draft of the inaugural Ontario Health atHome service accountability agreement (SAA) that will reflect Ontario Health atHome's role in home care modernization, including the provision of back-office and care coordination supports to meet patients' needs and support the delivery of home care services through designated OHTs.
- We developed minimum specifications and best practices for home care programs across the province based on a five-point evaluation framework and one-on-one interviews with 15 HSP-led programs and four Ontario Health atHome-led programs. Furthermore, this work was supported

by a data request that was completed by over 70 HSP-led programs. This will support the standardization of new models and the establishment of provincial program standards.

- Supported implementation planning for seven leading projects to test and evaluate OHT-led home care models within an integrated provider network to serve approximately 12,000 people in Ontario beginning in the fall of 2024. These projects will be used to support the spread and scale of integrated home care programs across the province.
- Developed an enhanced quality framework for home care services with aligned key performance indicators to improve the standardization of monitoring and reporting across the province. The framework is intended to improve the quality of home care services by clearly defining objectives, standards and key performance indicators that providers across the sector can strive towards and be accountable.

## **2.6 Digitally enable patient navigation, patient access to data and seamless patient transitions**

- Approximately \$18.9 million in digital and virtual care funding was allocated to support OHTs with 147 approved proposals, including 40 remote care management projects which provided care to over 37,000 unique patients.
- Digital and virtual care funding also supported the implementation and adoption of online appointment booking (OAB). In 2023/24, 3,500 providers received an OAB license and approximately 273,000 people in Ontario booked an online appointment.
- Ontario Health funded access to ConnectMyHealth, a regional patient portal, through a transfer payment agreement with Hamilton Health Sciences Corporation. By March 2024, 15,386 patients in the West region were registered users of ConnectMyHealth and able to access their health information created at hospitals that they had visited in the West region. This information includes lab and drug data, diagnostic imaging, hospital visit history and discharge summaries, pathology and genetics reports, etc.
- We continue to fund and support clinical processes to enhance patient navigation empowered through eConsult and eReferral programs. By the end of March 2024, over 12,000 health care providers and service provider organizations could refer patients electronically to health services. More than 923,000 referrals were sent electronically. Over 23,000 clinicians sought advice from specialists across the province using eConsult platforms and approximately 117,000 consultations were sent electronically. This helped to reduce the wait time to seek advice from a specialist and eliminated unnecessary visits. In addition to supporting the existing eConsult and eReferral processes, we expanded the user base to support allied health professionals such as access for midwives to send an eConsult request as proof of concept.

### 3. Enhance Clinical Care and Service Excellence

As we accelerate major transformations, Ontario Health continues to pursue the delivery of best-in class care through the experience and established success of our clinical programs. We are advancing new strategies while further improving access, quality, and innovation within clinical areas of cancer, renal, cardiac, palliative care, transplant services and genetic services. Highlights of our impact together include:

- Patients are able to receive earlier diagnoses of breast and lung cancer through the addition of new screening sites across the province. They also have access to 20 new cancer drugs.
- A record number of people in Ontario received a kidney transplant.
- Indigenous peoples living with kidney disease are accessing culturally safe and respectful renal care.
- More clinicians and support staff are able to securely access patients' health records, supporting care decisions.

#### 3.1 Advance clinical integration and chronic disease care

- Ontario Health developed a preventive and chronic disease care roadmap to improve equitable access to connected and convenient care that aims to reduce chronic disease incidence and improve outcomes, including a focus on diabetes.
- We launched the Preventive Care Program with 11 community partners to improve access and health outcomes for equity-deserving and underserved populations.
- We released the Prevention System Quality Index 2023, which presents Ontario's progress on policies and programs that can reduce the incidence of chronic disease risk factors and exposures in the population.
- Launched the integrated clinical pathways demonstration initiatives focused on lower limb preservation across 14 OHTs in support of reductions in avoidable, non-traumatic major lower-limb amputations and to improve equitable access to high-quality best-practice early screening, cardiovascular risk factor management and integrated lower-limb wound care. PROMS are being collected in three participating OHTs.
- Initiated a new Indigenous-led initiative focused on lower limb preservation in collaboration with the Indigenous Primary Health Care Council and local Indigenous HSPs. This program is designed to deliver health care solutions that are culturally sensitive and aimed at preventing lower limb issues. It represents a significant advancement in providing health care that acknowledges and respects cultural distinctions.

### 3.2 Expand provincial genetic services

- The Provincial Genetics Program (PGP) completed a three-year program build, including the establishment of 11 genetics expert groups with associated clinical leadership. With the completed build, the PGP can ensure the successful implementation of genetic testing with robust provincial oversight to drive better outcomes for people in Ontario and improve value.
- We finalized genetic testing recommendations for karyotype testing for infertility, cardiomyopathy and arrhythmia and neuromuscular diseases and have submitted these recommendations to the Ministry of Health for review.
- We developed the first in-province genetic test directory to facilitate appropriate test ordering for genetics and non-genetics practitioners.
- New clinical genetic services agreements, implementing volume-based funding for genetic assessment, were sent to 20 hospitals (covering 27 genetics clinics).

### 3.3. Improve access and quality in cancer care

- We consulted with over 400 cancer and health system stakeholders, as well as patients, families and caregivers, to inform the development of the board-approved *Ontario Cancer Plan (OCP) 6*, which spans from 2024 to 2028 and outlines key strategic priorities that will guide cancer system improvement over the next four years.
- Ontario Health submitted a recommendation to the Ministry of Health to expand the Ontario Breast Screening Program (OBSP) to people ages 40 to 49, which will help more than 305,000 people connect to this important screening service. The recommendation was accepted and work is underway to implement this change.
- Four new OBSP screening sites, 19 new OBSP breast assessment sites and one new High Risk OBSP site were added in the province to improve access to breast screening.
- To support the implementation of human papillomavirus (HPV) testing as the primary screening test in the Ontario Cervical Screening Program, we procured an HPV test system vendor and laboratory service providers. We initiated planning for the implementation of HPV testing on patient self-collected samples.
- We continued to expand access to the Ontario Lung Screening Program, increasing screening at existing sites; University Health Network added two spoke sites and Ottawa Hospital added one spoke site. In addition, St. Joseph's Healthcare Hamilton began offering lung cancer screening.
- Implemented funding for 20 new cancer drug-indications in the New Drug Funding Program and the High-Cost Therapy Funding Program, while improving average time to listing by over 20%. In addition, 12 provincial funding issues that were not captured in time-to-listing statistics, but are relevant to clinicians and patients, were implemented or modernized.

- Collaborated with the Ministry of Health to support the introduction of a more streamlined consideration process for clinician-driven cancer drug funding requests. This will allow more rapid consideration of access gaps identified by clinicians.
- Completed and released *the Optimizing Ambulatory Systemic Treatment Models of Care Recommendations Report* and provided both leadership and support to launch three Regional Cancer Program-led equity implementation pilots, supported with funding awarded by the Canadian Partnership Against Cancer.
- This year, the Ministry of Health approved an additional 64 physician resources under the Provincial Oncology Alternate Funding Plan (AFP), representing an investment of over \$19 million in oncologist funding to the system. Ontario Health approved 32 medical oncologist/malignant hematologist and complex malignant hematologist positions, supporting additional access to care closer to home for approximately 95,000 new cancer patients annually and to support the sustainability of health human resources and improve workforce stability.
- Implemented the Edmonton Symptom Assessment System-revised + (ESAS-r+) symptom screening tool for cancer patients so that 68 of 69 systemic treatment hospital sites are now collecting PROMs data from cancer patients.
- We launched the third *Provincial Survivorship Report* to ensure the appropriate alignment of resources to support cancer survivorship care and to identify where gaps and opportunities exist to develop system-wide models of care for cancer survivors.
- Launched the re-designed *Your Voice Matters* oncology patient experience survey at over 30 sites. The updated survey includes aspects of virtual and in-person care that matter most to patients and will provide actionable insights for the regional cancer programs.
- We created the first-of-its-kind in Canada keratinocyte cancers repository, using innovative artificial intelligence (AI) tools to conduct a current state assessment on the most diagnosed cancer affecting people in Ontario to enable planning and improve quality care.
- To improve timely and geographic access for patients living with prostate cancer, we expanded geographical access to prostate-specific membrane antigen (PSMA) positron emission tomography (PET) imaging. In addition to the existing five sites, five new PET centres are providing PSMA PET scan services. Radioisotope access was also expanded to include the use of Ga-68 PSMA agents.
- We released multiple reports on cancer and chronic disease prevention to inform health system stakeholders:
- *The Complex Malignant Hematology Capacity Expansion Plan: A Five-Year Outlook Report – 2024*
  - *Consensus Diagnostic and Prognostic Testing for Myelodysplastic Syndromes, Myeloproliferative Neoplasms, and Myelodysplastic/Myeloproliferative Neoplasms: Recommendations Report – 2024*
- *The Standardized Ultrasound Reporting for Ovarian-Adnexal Masses*

- Released CAR T-cell therapy clinical trials funding policy and launched application process, permitting the provision of funding for costs associated with the delivery of standard of care for eligible academic clinical trials. This funding will promote Canadian innovation and technology, with the hopes of developing a sustainable long-term solution for providing CAR T-cell therapy in Ontario. The first CAR T-cell therapy clinical trial application was approved for funding in March 2024.
- With support from the Ministry of Health, we implemented a funding mechanism to support the incremental supply costs of robotics surgery for three disease indications (endometrial cancer body mass index (BMI) > 35, partial nephrectomy and prostatectomy). As part of Ontario's real-world evidence/evaluation process, preliminary results show that robotic prostatectomies have better outcomes when compared to an open approach with lower positive margin rates, post-operative mortality rates, length of stay (one day vs two days) and reoperation rates (1.3% vs 12.1%).

### 3.4 Improve access and quality in renal care

- Ontario Health continued to advance a high-quality and person-centred system of care for people in Ontario living with chronic kidney disease, as outlined in the *Ontario Renal Plan (ORP) 3 (2019 – 2024)*.
- This year, 589 deceased donor kidney transplants occurred, representing the highest number on record and an increase of 27% from last fiscal year and an increase of 42% from 2021/22.
- We consulted with over 600 renal and health system stakeholders, including over 300 patients, families and caregivers, to inform the development of the *Ontario Renal Plan (ORP) 4*, which spans from 2024 to 2028, and outlines key strategic priorities that will guide renal system improvement over the next four years.
- We worked with the Ministry of Health to expand RSV vaccine eligibility to include patients receiving dialysis and transplant recipients who are at least 60 years of age. Expanded access to this vaccination has helped provide increased protection for Ontario's at-risk renal and transplant patients.
- We expanded a pilot program that supports patients with the travel costs associated with home dialysis training via a dedicated grant to cover the entire province, supporting 22 people to train to do their dialysis at home.
- We supported the rollout of chronic kidney disease (CKD) Indigenous care leads at five Regional Renal Programs to lead the identification, planning and implementation of local initiatives to enable culturally safe kidney care and reduce the impact of CKD on Indigenous peoples. Additionally, we expanded support to four Regional Renal Programs to begin planning for implementation of Indigenous CKD Risk Screening Programs. This initiative supports partnership and collaboration with Indigenous communities to support risk screening at local sites.

- We worked with hospital and community laboratories and health system partners to support the coordinated implementation of a new estimated Glomerular Filtration Rate (eGFR) equation (used to measure kidney function) across Ontario. The new equation does not discriminate against any group, while maintaining precision. Removing race from the eGFR calculation is an important first step in achieving equitable kidney care for Black people in Ontario.

### 3.5 Increase lifesaving organ and tissue donations and transplant

- Trillium Gift of Life Network (TGLN) continued to raise public awareness and encourage people in Ontario to register consent for life-saving organ donation. The Ontario public demonstrated their support for donation through gifts from 380 organ donors and 1,913 tissue donors, and by registering their consent to donation at end of life through an additional 68,411 new registrations. We partnered with the Canada Revenue Agency and Service Ontario to increase donor registration opportunities.
- This year, 1,166 deceased donor transplants and 299 living donor transplants helped to save the lives of 1,465 patients. This is a 26% increase in deceased donor transplants compared to last year, and the highest number of deceased donor transplants performed in the past 10 years. The overall average wait time for a transplant decreased to 260 days, which is the lowest result over the past 10 years.
- Following publication of the new national brain-based definition of death and criteria for its determination, TGLN revised all relevant provincial policies and procedures and distributed these across Ontario, with accompanying education for health care professionals to support integration into practice.
- We implemented an enhanced multi-tissue donor risk assessment interview questionnaire which is a screening tool used to gather information from the potential donor's substitute decision maker (SDM) to provide medical, behavioural and travel history for a deceased donor with the goal to enhance the process of collecting information from the SDM, optimizing the experience for families and donation outcomes.
- We finalized preparations to launch abdominal normothermic regional perfusion (ANRP) technologies, a novel approach to deceased donor organ recovery, and a first for Canada.
- To support interprovincial organ sharing for high status heart patients, we successfully interfaced the Organ Allocation and Transplant System with the Canadian Blood Services Canadian Transplant Registry.

### 3.5 Improve access and quality in cardiac, vascular, stroke, and emergency care

- Through the Emergency Department Nursing Education, Retention and Workforce Program, registered nurses (RNS) and registered practical nurses (RPNs) in Ontario accessed over 4,300 education and core competency training courses to improve the quality of emergency care.

- Eighty-six small and rural ED sites were onboarded to the Pay-for-Results Program, a program that helps hospitals meet specific emergency room wait time reduction targets.
- A total of 25 OHTs, plus one Indigenous-led project, have implemented or planned for implementation of integrated clinical pathways (ICPs), with several OHTs implementing multiple pathways.
- Fourteen OHTs implemented lower-limb preservation pathways, in addition to one Indigenous-led team initiating planning work (Niagara).
- Seven OHTs continued to sustain their heart failure pathways, in addition to nine OHTs who initiated planning work to support implementation of these pathways.
- Twelve OHTs began planning for implementation of chronic obstructive pulmonary disease (COPD) pathways
- We routed funding to Community Stroke Rehabilitation Programs to support the start up of 12 new programs.
- Developed and released provincial standard definition of stroke unit care; all 46 stroke unit hospitals completed self-assessments against the core components.
- We released the Ontario designated vascular program standards in January 2024 and provided guidance to vascular care providers and leaders within designated vascular programs to support standardized and timely access to vascular care for patients across Ontario, including life and limb saving care.

### 3.7 Transform and improve access and quality in palliative care

- Ontario Health, in collaboration with clinical experts, patient and family advisors and regional stakeholders, developed new models of care to transform the delivery of palliative care for both adults in hospital and children in all settings.
- We advanced the capacity to deliver high-quality palliative care in the community by building primary-level palliative care competencies of community health care providers and working towards stronger cooperation between specialist palliative care providers and community organizations through the implementation of the adult community model of care.
- We enabled health care professionals across multiple settings including hospitals, regional pediatric health sciences centres, LTC homes and community organizations, to build their knowledge and skills in the delivery of high-quality primary-level palliative care, through access to education and training.
- We developed an e-tool, with Pallium Canada, for health care professionals to assess their palliative care competencies and identify opportunities for supplementary education, which will support benchmarking against other jurisdictions in Canada.

- To strengthen palliative care in FNIMUI communities, we launched an expression of interest process to support Indigenous communities and health care providers to advance local palliative care, receiving an overwhelming response.
- We funded 127 organizations across the province to enhance grief and bereavement services, marking the first time that the Ministry of Health has dedicated funding for this purpose to support patients and their caregivers.
- We expanded reporting on palliative care by launching a new report on key indicators for the OHT data dashboard, to support palliative care planning and improvement.

### 3.8 Expand Provincial Diagnostic Network

- We transitioned access to COVID-19 testing to regular health care settings (e.g. community care settings and pharmacies) by winding down the remaining COVID-19 assessment centres across the province.
- Continued providing testing coordination and support for long-term care and retirement home respiratory virus testing, including COVID-19, RSV and flu.
- Announced the creation of the Ontario Laboratory Medicine Program (OLMP), in collaboration with the Ministry of Health and aligned with Public Health Ontario and the Chief Medical Officer of Health. The OLMP will provide strategic coordination and oversight for a broad range of lab services across the province, including monitoring specimen collection and equitable testing access, leveraging expert advice for appropriate and coordinated laboratory tests, fostering innovation and system responsiveness, enabling digital integration across the testing continuum and working strategically with health system partners to support point of care testing.
- Completed the first phase of an analysis for identifying geographic areas across the province with limited numbers of specimen collection centres locations for laboratory testing to help improve access to specimen collection services.

### 3.9 Support informed clinical decision-making at the point of care

- The value of the electronic health records (EHR) continued to be recognized by providers across the health care system. Over 320,000 user accounts have been created for clinicians and support personnel to access electronic health records through one of our three clinical viewers. This gives care providers access to patient's hospital reports, laboratory results, diagnostic imaging and drug data and more to support clinicians in providing high-quality care.
- An additional 2,721 health care sites went live with the Ontario Laboratories Information System's (OLIS) direct integration, which allows for access to additional lab information and provides clinicians with a more comprehensive view of patient history.

## 4. Maximize System Value by Applying Evidence

Our approach to system and clinical transformation means we are continuing to improve across several of our core capabilities that maximize system value by applying evidence (e.g., our data, quality and reporting strategies and value identification). Highlights of our impact together include:

- Patients across Ontario are receiving consistent, high-quality care for a variety of health conditions based on evidence presented in our clinical standards.
- Continued focus on ensuring people in Ontario have access to high quality care through the Quality Improvement Plans submitted by nearly all publicly funded health service organizations.

### 4.1 Use data and analytics to enhance equitable access to care and enhance patient health experiences and outcomes

- We developed a business case and information management plan for integrating and streamlining Ontario Health's legacy agency data authorities to fully utilize our data assets for improving patient care. The business case is anchored on a set of use cases where current legislation restricts Ontario Health from using data to improve the quality of patient care, such as providing patient-level data to hospitals and clinicians on adverse events that occur after discharge.
- Ontario Health continued to expand the data available for system-level planning, reporting and oversight by adding valuable datasets into the analytics data hub (ADH). We added 25 new datasets to the ADH, including OLIS, data on mental health and addiction services, wait time data for surgery, diagnostic imaging and ALC. At the end of 2023/24, there were a total of 47 data assets in the ADH, which included the acquisition of ConnexOntario.
- We expanded our health system reporting capabilities through enhancements to our health system insights platform, including new dashboards in cancer, cardiac, lab medicine, paramedicine, emergency department performance and primary care. A new Family Health Team dashboard with practice-level performance measures was created.
- To embed equity into our data and analytic work, we disseminated data governance principles (DGP) and core sociodemographic data standard (CSDS) to support internal progress in collecting sociodemographic data.
- We updated the health equity analytics toolkit user guide, including additional methods for using area-level data and coding based on the most recent nationally representative data.

### 4.2 Advance high-quality and safe care through evidence and continuous quality improvement

- We released a new quality standard on hypertension and updated four quality standards on chronic obstructive pulmonary disease (COPD), hip fracture, palliative care and major depression.

- We completed 10 final health technology assessments and associated funding recommendations for the Ministry of Health. Topics included cancer, vision care, carrier screening and diabetes.
- In alignment with our health equity and aging strategic priorities, we have begun to develop three new quality standards on gender-affirming care, equitable and culturally safe care for Indigenous peoples and insomnia.
- We launched implementation toolkits to accompany our quality standards on sickle cell disease and COPD.
- We continued to advance work to integrate quality standards into digital systems through the Evidence2Practice Ontario program, which now offers tools for primary care electronic medical records and acute care health information systems for heart failure, anxiety and depression, prediabetes and type 2 diabetes and COPD.
- We received over 1,000 quality improvement plans (QIPs) from hospitals, long-term care homes and interprofessional primary care organizations, representing a 99.7% commitment from organizations to quality and these plans are aligned to health system priorities of access and flow, safety, equity and patient, resident and client experience. To support QIP development and implementation, Ontario Health offers a suite of tools and resources, including guidance documents, comprehensive analyses of previous years' QIP submissions, web-based learning opportunities and an online portal that streamlines the QIP submission process.
- Through the QIP indicators, we launched the Delirium Aware Safer Healthcare (DASH) program with a goal to reduce delirium, a leading cause of preventable hospital harms in Ontario. Over 350 clinicians and administrators attended the launch event. An eReport was created to inform efforts to reduce delirium in the hospital setting. Thirty-eight hospitals committed to identify, prevent and manage delirium through plans submitted to GeMQIN, ONSQIN, or the QIP. In addition, 66% of hospitals have joined the delirium awareness community of practice to share and learn with each other.
- To identify variation in practice and to offer practice ideas for improvement, we released 443 MyPractice reports and OurPractice reports for practitioners in general medicine, 334 MyPractice reports for long-term care practitioners, 5,388 MyPractice reports for primary care and 236 MyPractice reports for general surgery and for orthopedic surgery practitioners.

#### 4.3 Advance value-add opportunities within the health system

- Following the transfer of the Ontario case costing (OCC) program, Ontario Health managed contract and program operations, including the oversight of the case costing data submissions of the existing facilities, which are available for use and distribution. We recruited two new facilities to implement case costing measures within the expansion plan of an additional 20 facilities.

- We continued to lead the OCC Centre of Excellence and initiated planning for a Community of Practice engaged in best practices and sharing of the wealth of case costing experiences from the past 30 years.

## 5. Strengthen Ontario Health's Ability to Lead

At the foundation of all our priority areas is the goal of strengthening Ontario Health's ability to lead, fuelled by an engaged, connected and accountable team. This includes focusing on building the internal team at Ontario Health and strengthening our supports to the system and general system accountabilities, giving us the ability to build Ontario Health's reputation among our partners and stakeholders. It involves us being an effective system operator and collaborator and advancing our role in key areas, such as primary care. A highlight of our impact together includes:

- Patient, providers and health organizations are better protected against cyber threats through the newly implemented provincial cyber security operating model.

### 5.1 Enhance Ontario Health's organizational effectiveness through a strong, engaged, connected and accountable workforce

- To strengthen our employee engagement and gauge sentiment, we launched the second organization-wide employee engagement survey in March 2024.
- Human resources (HR) streamlined communication channels for monitoring feedback to better inform processes and programs. They focused on strengthening HR foundations, culture and organizational advancement and talent to support improved engagement.
- We embedded organizational values in all HR policies and programs, including the performance development program.
- To fulfill Ontario Health's workplace strategy, we developed and implemented a formal hybrid work policy.
- As part of our communications strategy, our web transformation began with a three-year plan to redesign and enhance user-experience of the Ontario Health website. This is a crucial step in the integration of 22 legacy agencies and organizations and developing a site that meets the needs of health system partners and providers in the future.

### 5.2 Strengthen system supports and accountabilities

- We extended the current service accountability agreements (SAAs), acknowledging the need for system stability. This approach to the SAAs was shared with HSPs, sector associations and the Ministry of Health, along with a commitment to continue to work closely with partners and stakeholders, seek feedback on the work to advance future SAAs and successor agreements and ensure alignment with our stakeholders' priorities.

### 5.3 Support the government's plans for supply chain centralization.

- We continued collaboration with Supply Ontario and the Ministry of Health in support of a more integrated health care supply chain.
- To improve outcomes for people in Ontario, a hemodialysis provincial procurement began. Bids were received, on-site evaluations of vendor equipment were completed, evaluation results finalized and final negotiations begun.
- Fecal Immunochemical Test (FIT) procurement strategies were finalized, and the provincial RFP was issued in March with bids for both the test system vendor and laboratory solutions as part of the ColonCancerCheck cancer screening program for people in Ontario.
- The Medical Equipment and Supplies (MES) provincial procurement for home care was conducted. Ontario Health facilitated the procurement supporting Home and Community Care Support Services, the business owner of the procurement. The procurement was undertaken as contracts were expiring, presenting the opportunity to enhance access to standardized high-quality products across the province for patients.
- Ontario Health assisted in the management of provincial health supply shortages, working closely with government, Supply Ontario and other partners, including the successful management of a provincial shortage of cardiovascular perfusion oxygenators.
- The procurement for the provincial acute care clinical viewer and a patient viewer was completed and resulted in a reduction in clinical viewers for the province and increased operational efficiencies through consolidation, expected system performance improvements and improved patient experience.

### 5.4 Implement our Equity, Inclusion, Diversity and Anti-Racism (EIDA-R) strategy

- We applied the core sociodemographic data standard to the Ontario Lung Screening Program and OHT Patient Reported Experience Measures (PREMs) initiatives.
- We implemented changes to talent acquisition to support more effective recruitment within Indigenous communities.
- Ontario Health offered various training sessions throughout the year including advancing health equity in Ontario.
- As part of the Diversity Survey Organization Action Plan, Ontario Health expanded the recruitment of diverse applicants, broadening its reach and attracting a more varied talent pool.
- Ontario Health expanded access to inclusive spaces for employees, with approximately 650 team members participating in seven Communities of Inclusion. Team members gained access to three new Communities of Inclusion to meet, share, learn and support one another. Standardized guidance on member engagement for Communities of Inclusion was developed to outline rules of engagement and processes to ensure safe dialogue and interactions.

## 5.5 Drive provincial data exchange, interoperability and data security through digital leadership

- The Digital Health Information Exchange (DHIEX) program expanded to implement and refine processes to support the requirements set in the law (PHIPA) for interoperability specifications development, publication, amendment, governance and compliance management. Through collaborative engagement with partners, the program continues to advance the services and processes to increase the awareness of the value to the health care system, ensuring the right governance approach is in place and supported via outreach to over 400 clinical, technical and health system experts. This enables us to publish and adopt modern implementable data standards in alignment with national and international standards and meet the needs of our partners across the health care system dependent on the electronic health record.
- The Ontario Health Cyber Security Centre (the centre) provided direction, leadership and governance in cyber security for the province's health care system through continued operationalization of the cyber security operating model. The centre worked closely and collaboratively with the Ontario Health Information Security Office and Cyber Security Defence to deliver a collective approach to safeguarding Ontario Health digital assets. With the establishment of 10 local delivery groups, 100% of acute care hospitals are now receiving cyber security supports and defence capabilities, advancing sector-wide improvements to safeguard patient care and information and bolster defences against emerging cyber threats. Also, the centre launched a dedicated cyber health portal, providing critical documentation, training materials and thought leadership to the sector, along with a provincial platform for rapid sharing of cyber threat intelligence across the sector.

# Our Team and Core Operations

Our operating model starts with those we serve. We are focused on ensuring everyone in Ontario receives the best quality health care. This includes patients, families, long-term care residents, community clients, caregivers, volunteers, and diverse communities including First Nations, Inuit, Métis and Urban Indigenous communities, 2SLGBTQIA+ people, Francophone and Black communities and people living with disabilities.

It also reflects the partners with whom we work: health providers, OHTs, social service agencies, local public health units, hospitals, long-term care homes, and emergency-based care, primary, home and community care, mental health and addictions care and specialty disease-based care.

We have seen that when we integrate our efforts, apply clinical expertise across programs and leverage our capabilities and digital infrastructure, we achieve tangible results with our partners in effective and timely ways. Our operating model is designed to reflect and help bring to life this vision and those efforts even more, and to be focused on a common people-centred purpose to improve health experiences and outcomes.

This year, Ontario Health welcomed, for the first time, a Chief Operating Officer to act as a strategic partner to the CEO, the Board and senior leadership, and work closely with government officials and health system leaders to shape and drive Ontario Health's vision, mission and values. Below are descriptions of our regions and portfolios, along with select highlights of accomplishments from April 1, 2023, to March 31, 2024.

**Regions** are local teams that understand their communities' differences and are the system managers that help transform, integrate and support health service providers and partners who deliver health care to people in Ontario. Ontario Health has six regions that coordinate and direct health care planning, funding and delivery and drive improved performance, value and experience, ensuring equitable access to high-quality health care. This includes ensuring that partners, providers and clinicians have the tools and information they need to deliver quality care within their communities.

**Clinical Institutes and Quality Programs** portfolio is focused on the delivery of high-quality care and positive health outcomes for the people of Ontario. The teams do this through advancing evidence-based care, engaging with clinicians, setting standards and supporting integration and equity. They also develop and support implementation of quality programs and improvement initiatives, support change management through various knowledge translation and exchange activities and play a key role in the performance measurement, monitoring and management process.

- **Cancer** programs work in partnership with Ontario's 14 Regional Cancer Programs and are guided by the *Ontario Cancer Plan*. We support providers, policy makers and health care organizations in the provincial cancer system to achieve the best outcomes for patients through continual improvement in the quality, safety and accessibility of cancer services –from screening and diagnosis through to long term follow-up and end-of life care.

- **Provincial Genetics Program** supports the provision of comprehensive, coordinated and evidence-based genetic services for people in Ontario at all stages of life. Our work encompasses oversight for genetic testing including rare and inherited conditions, hereditary cancer and tumour biomarkers. With our partners across the health system, we develop evidence-based guidance for genetic diagnostic testing and genetic counselling services.
- **Cardiac, Stroke and Vascular** programs aims to advance cardiac, stroke and vascular care for all people in Ontario by increasing equitable access to high-quality, appropriate treatment options for cardiac, stroke and vascular care by driving evidence-informed practice; informing planning, access and resource allocations; and focusing on quality and outcomes.
- **Health Workforce Strategy and Implementation** drives the advancement of health human resources (HHR) initiatives, with a focus on building and optimizing health workforce capacity in critical health system areas, supporting priority populations through equitable access to HHR, building provincial HHR data repositories, maximizing and optimizing health professional recruitment supports, and providing crisis response/system stabilization solutions to HHR challenges.
- **Mental Health and Addictions Centre of Excellence** oversees the delivery and quality of mental health and addictions services and supports provincially, including system management, supporting quality improvement, disseminating evidence and setting service expectations. We work in partnership with the regions to support priority populations and mental health and addictions system infrastructure.
- **Ontario Palliative Care Network** is the principal advisor to the government for quality, coordinated palliative care in Ontario. This partnership of HSPs, community and social support service organizations, health system planners, as well as patient and family/caregiver advisors, was formed to develop a coordinated, standardized approach for delivering palliative care services in the province.
- **Ontario Renal Network** funds, coordinates and provides clinical guidance on the delivery of services to patients living with chronic kidney disease (CKD) and advises the Ontario government on CKD and the renal care system. We are committed to advancing a high-quality and person-centred system of care for people in Ontario living with CKD, as outlined in the *Ontario Renal Plan*.
- **Quality** works with patients, clinicians and organizations across Ontario's health system to advance a culture of quality to improve outcomes, promote health equity and patient safety, standardize care across the province and enhance patient and provider experiences. We provide an integrated suite of supports, including clinical and quality standards, an integrated quality framework, quality improvement supports and quality reporting, to drive the development of knowledge, skills and structures within our health system to enhance the patient and provider experience.

- **Trillium Gift of Life Network (TGLN)** is responsible for the delivery and coordination of organ and tissue donation and transplantation services across the province. We provide donor and family case management, develop educational resources for health care professionals, manage the patient wait lists for organ transplants, operate a 24/7 call centre for donor screening, organ matching and allocation and are responsible for the recovery of organs and tissues. By raising public awareness, we encourage people in Ontario to register consent for donation. We establish provincial policies and guidelines for organ donation and allocation to maximize donation opportunities and make effective and equitable use of each available donor organ.

**Digital Excellence in Health** focuses on digitizing and modernizing to meet the changing and urgent need of patients and the clinicians who serve them and created a better, more connected health care system through our digital and virtual assets. We enable Ontario Health to meet its integration, coordination and service excellence mandate for provincial programs, enable and operationalize the *Digital First for Health Strategy* to provide people in Ontario, patients and providers more complete health information through provincial digital and virtual services, and partner with health care delivery organizations to create a provincial digital network that enables comprehensive health information through local/provincial digital and virtual services.

**Sector Support, Performance and Accountability** portfolio unlocks the potential of health system data to support performance and improve the lives of people in this province. In close partnership with our regional teams, we coordinate and report data used in evidence-informed decision-making, capacity and HHR planning and for measuring and improving health system performance. We also manage funding and accountability for parts of the health system.

**Population Health and Value-Based Health Systems** portfolio drives high-quality, efficient and equitable health services by advancing and strengthening OHTs to improve population health outcomes. We ensure that digital and virtual services enable OHTs and meet patient, clinical and population health needs. We help to keep the population healthy through prevention and early detection. We transform service delivery and focus on reducing health disparities by strengthening integrated primary care and advancing person-centred care. We support the health of people in Ontario through the Ontario Laboratory Medicine Program with lab services that are innovative, meeting patient and provider needs and contribute to improved patient outcomes.

# Engagement and Relationship Building

Our corporate engagement team champions and embeds stakeholder engagement as part of our organizational culture. By actively listening and learning from the experiences of health system users and partners, we better understand what matters most to develop solutions that address the diverse needs of our population.

Our corporate stakeholder engagement framework provides a process for how we operationalize engagement with health system partners. CEO partner engagement is a cornerstone of our relationship building, and in 2023/24, our CEO met more than 50 times with key health system stakeholders, including those representing acute care, community services, French language services and Indigenous partners. With a proactive strategy and measurement plan in place, CEO partner engagement continues to evolve ensuring that the CEO is maintaining and building relationships with priority partners that align with organizational priorities and our Annual Business Plan.

Our Health System Advisory Council provides advice on system-wide issues that support our mandate of improving integrated care for all people in Ontario. The council is comprised of 29 members from across Ontario, including health system leaders from various sectors and organizations serving priority populations, as well as patient and family advisors. The council met seven times last year to discuss a solutions-focused approach to improvement on issues including the health system recovery, fall preparedness and respiratory season lessons learned, Health811, the draft Annual Business Plan and the equity analytics strategy.

The CEO's Patient and Family Advisors (PFA) group met throughout the year to discuss topics of strategic importance to ensure patient perspectives and input are incorporated into program design and implementation plans. In 2023/24, the group met six times on topics that included health system planning, Ontario Health Team Acceleration, mental health and addictions, equity, data and analytics, and the home care quality framework.

The team works to assist in integration of patient and family engagement into all work across the organization. The team manages the Patient and Family Engagement Committee, which collectively sets standards for engagement at Ontario Health, measures PFA experience and impact and identifies the engagement needs of the organization. As a result of this work, there are now over 22 additional tables across the organizations with patient and family advisors.

As part of our commitment to advancing equity and diversity in our engagement activities, corporate engagement worked with Finance to launch a corporate remuneration/honorarium policy for patients and caregivers volunteering with Ontario Health to reduce participation barriers in health system improvement. Additionally, the program will start collecting sociodemographic data of our Patient Family Advisors in an effort to better understand the makeup of our advisors and make more targeted efforts to diversify our network.

## Engagement and Relationship Building with Francophone Communities

Engagement with Francophone communities is grounded under *the Connecting Care Act, 2019*. The six French language health planning entities, whose mandate is to advise Ontario Health on how to

best plan for health services in French, were engaged to provide their feedback on our 2024/25 Annual Business Plan and on various provincial initiatives, including Health811, Breaking Free, *Ontario Cancer Plan 6*, French Language Service (FLS) indicators and substance use disorders integrated care pathways. In addition, regions collaborated with the entities to engage Francophone communities and to plan for health services available in French.

We engaged Francophone regional and provincial stakeholders, including the Ministry of Francophone Affairs, the Ministry of Health, the FLS Commissioner, L'Assemblée de la Francophonie, the Special Advisor FLS to Ontario Health's CEO and the Alliance for Healthier Communities. In addition, regions collaborated and engaged their respective entities on an ongoing basis to advance FLS initiatives specific to the needs of their Francophone communities and aligned with health system priorities.

Ontario Health engaged with various HSPs to develop and provide services in French, including the development of a Francophone regional navigation project to reduce health inequities and improve health outcomes in the Toronto region; seven mental health first aid courses in French in the West region; and the implementation of an FLS Community of Practice in the Central region to advance health equity and active offer. Additionally, a focus group was created to test accuracy and comprehension of the future state letters in French for the Ontario Cervical Screening Program.

## **Engagement and Relationship Building with Indigenous Communities**

Ontario Health continues to develop and maintain relationships with Indigenous partners, including communities, organizations, nations, health tables and leaders.

As part of this process, Ontario Health is strengthening collective and individual processes of engagement and relationship development with FNIMUI provincial and regional partners to ensure the unique governance and leadership structures are respected and upheld.

The Joint Ontario Indigenous Health Committee is an information sharing table for FNIMUI members to collectively receive information and to identify issues in collaboration with Ontario Health. It recently expanded its mandate from a cancer focus to a health focus, with the support of FNIMUI members.

Ontario Health connects individually with FNIMUI partners to ensure appropriate and customized engagement and to support each FNIMUI entity as per their unique needs, issues and governance structures. Ontario Health engaged FNIMUI communities, organizations, nations, health tables and leaders on the development of the FNIMUI health framework across 2023/24. We continue to work closely with these partners to advance FNIMUI initiatives to address the needs and priorities of FNIMUI peoples, communities, organizations and nations.

A relationship protocol agreement with the Ontario Native Women's Association was developed for signing, and five other protocols are in development with FNIMUI partners.

# Operational Table

(April 1, 2023, to March 31, 2024)

Ontario Health is a data-driven, evidence-based organization. We use health system performance indicators, identified through our Accountability Agreement with the Ministry of Health, to ensure we are driving improvement at scale. Our Accountability Agreement has a three-year term. Ontario Health creates an enterprise scorecard annually that is aligned to system priorities and sets targets for these measures.

The table below outlines Ontario Health's performance for fiscal year 2023/24. Performance outcomes (i.e. on track, minor deviation, major deviation) are only included where there is an established target.

Area of Focus	Performance Measurement 2023/24	Target	Reporting Period	Performance Outcome	Comments
Improve Mental Health and Addictions Services	% of patients with 4+ ED visits for mental health and addictions	Lower is Better  (no target)	2023/24 fiscal (annual)	10%	The indicator has remained stable over the past few years, with 10% of people requiring frequent emergency room visits for mental health and substance use support. This indicator is reported annually.

Area of Focus	Performance Measurement 2023/24	Target	Reporting Period	Performance Outcome	Comments
Improve Access to Appropriate Virtual Care	Proportion of virtual to in-person primary care visits	Lower is better (no target)  Prior fiscal year target: <50% Virtual	Year End 2023/24 (April 2023-March 2024)	Virtual visits: 9,862,865 (16.2%)  In-person: 50,976,356 (83.7%)	Resumption of access to in-person primary care visits have trended up (83.7%), a sign of system recovery post-pandemic, with virtual care visits declining. Access to primary care is critical, and we monitor the resumption of in-person care to ensure patients are receiving appropriate access to care. The aim for this measure is to see a lower number of virtual visits in comparison to in-person visits.
Improve Access to Appropriate Virtual Care	Number of unique patients accessing Ontario Health-supported online virtual care	N/A	Q4 (March 2024)	90,554	Ontario Health is committed to expanding virtual care to people in Ontario as appropriate and to better support the needs of remote populations. Through the use of Ontario Health (OTN) solutions and other modalities, Ontario Health aims to increase the number of unique consumers accessing care virtually.

Area of Focus	Performance Measurement 2023/24	Target	Reporting Period	Performance Outcome	Comments
Improve Access to Appropriate Virtual Care	% of people in Ontario who had a virtual visit in the last 12 months	Higher is better (No target)	Q4 (March 2024)	30.5%	At the end of Q4 (March 2024), 30% of people in Ontario reported having a virtual visit in the last 12 months.
COVID--19 Response	Percentage of COVID-19 tests completed within two days	Year-end: 90% or more test results are within two days	Q4 (March 2024)	95.4% <b>On Track</b>	We have achieved our target for the past two years through the coordination of the Provincial Lab Network to ensure sufficient COVID-19 testing capacity and efficient turnaround times.

Area of Focus	Performance Measurement 2023/24	Target	Reporting Period	Performance Outcome	Comments
Equitable System Recovery	Percentage of fecal tests completed compared to pre-pandemic	Year-end: 105% of pre-pandemic volumes	Q4 (Jan – March 2024)	Q4 2023/24: 227,608  Q4 2019/20: 175,286  130%  <b>On Track</b>	<p>To support the equitable restoration and ramp up of cancer screening services to pre-pandemic levels to support prevention and early detection, we measure cancer screening volumes as a percentage of activity expected vs. performed.</p> <p>Increased access to testing shows improvement in post-pandemic recovery, exemplified with FIT volume increase by 130% in 2023/24 as compared to the same time period in 2022/23 (227,608 in 2023/24 Q4 vs. 184,575 in 2022/23 Q4).</p>

Area of Focus	Performance Measurement 2023/24	Target	Reporting Period	Performance Outcome	Comments
Equitable System Recovery	Percentage of pap tests completed compared to pre-pandemic	Year-end: 105% of pre-pandemic volumes	Q4 (Jan – March 2024)	Q4 2023/24: 183,549  Q4 2018/19: 233,840  78.5%  <b>Major Deviation</b>	<p>Beginning in 2021, based on the latest evidence, the Ontario Cervical Screening Program updated screening guidelines, changing the age of initiation of screening from 21 to 25 years of age. With the update of the guidance there has been a decline in Pap test volumes compared to the previous year and to pre-pandemic volumes.</p> <p>Pap test volume decreased in 2023/24 Q4 compared to the same quarter in the previous year (183,549 in 2023/24 Q4 vs. 226,479 in 2022/23 Q4). 2023/24 Q4 Pap test volumes were 78.5% of the pre-pandemic volume.</p>

Area of Focus	Performance Measurement 2023/24	Target	Reporting Period	Performance Outcome	Comments
Equitable System Recovery	Percentage of mammogram tests completed compared to pre-pandemic	Year-end: 105% of pre-pandemic volumes	Q4 (Jan – March 2024)	Q4 2023/24: 198,179  Q4 2019/20: 162,536  122%  <b>On Track</b>	Mammogram screening achieved its target, outperforming pre-pandemic volumes by 122%, to support resumption of cancer screening activities post-pandemic. The volume increased in 2023/24 Q4 compared to the same quarter in the previous year (198,179 in 2023/24 Q4 vs. 176,247 in 2022/23 Q4) volume.
Equitable System Recovery	Wait times for hip/knee surgery (% within recommended target wait time)	Hip/Knee: No target  P2 = within 6 weeks  P3 = within 12 weeks  P4 = within 26 weeks	Q4 (Jan – March 2024)	Hip: 74% Knee: 73%	Hip and knee surgery wait times are trending higher in comparison to 2022/23 (hip: 67%; knee: 68%). Q4 23/24 is tracking with an improvement compared to Q4 22/23

Area of Focus	Performance Measurement 2023/24	Target	Reporting Period	Performance Outcome	Comments
Equitable System Recovery	Wait times for cancer surgery (overall) (% within recommended target wait time)	<p>Cancer (Overall): No target</p> <p>P2 = within 14 days</p> <p>P3 = within 28 days</p> <p>P4 = within 84 days</p>	Q4 (Jan – March 2024)	<p>Surgery Cancer: 79%</p>	<p>To ensure equitable system recovery, focus has been on urgent cancer surgeries which have been consistently prioritized; however, overall volume of surgeries is below target as of Q4.</p> <p>There is a gradual increase since April 2023, but the percentage of surgeries within target is still low (79% within wait time target for March). Cancer surgery is trending with a slight increase compared to Q4 2022/23 (74%).</p>
Equitable System Recovery	Wait times for cancer surgery (by priority) (% within recommended target wait time)	<p>Cancer (by priority): No target</p> <p>P2 (most urgent) = within 14 days</p> <p>P3 = within 28 days</p> <p>P4 (least urgent) = within 84 days</p>	Q4 (Jan – March 2024)	<p>P2 = 52%</p> <p>P3 = 72%</p> <p>P4 = 93%</p>	<p>Wait times within recommended target thresholds for cancer surgery have been steady throughout 2023/24, similar to the previous year.</p>

Area of Focus	Performance Measurement 2023/24	Target	Reporting Period	Performance Outcome	Comments
Equitable System Recovery	Total number of surgeries performed for adult cancer	No target  Total number as compared to 2022/23 volumes	Q4 (Jan – March 2024)	Q4 (2023/24): 14,672  Q4 (2022/23): 15,020  97.6% of 2022/23 volumes.	Surgical volumes are a proxy for the resumption of care in the health system which requires continued testing and availability of critical care and acute care bed capacity. Stable resumption of services is exemplified by close to the same number of surgeries performed for 2023/24 (97.6%) as compared to the previous year.
Equitable System Recovery	Total number of surgeries performed for non-cancer	Year-end >50% of baseline (pre-pandemic)  No target	Q4 (Jan – March 2024)	Q4 2023/24: 151,014  Q4 2019/20: 130,157  116%	System recovery has continued with significantly more non-cancer surgeries performed in 2023/24 (116%) as opposed to same period pre-pandemic.

Area of Focus	Performance Measurement 2023/24	Target	Reporting Period	Performance Outcome	Comments
Flow and Coordination: Improve Transitions in Care	The average number of inpatients receiving care in unconventional spaces or ER stretchers per day within a given time period	Lower is better (No target)	Q4 (Jan – March 2024)	1,390	Ending hallway medicine is a key priority of the government. Ontario Health has a system oversight function as well as a commitment to improving integrated care, patient flow and ensuring a positive patient experience. At the end of Q4, an average of 1,390 inpatients were reported receiving care in unconventional spaces. This measure has maintained a steady average from 2023/24, with no significant change in performance.

Flow and Coordination: Improve Transitions in Care	Number of ALC open volume waiting for placement (Transitional Care Unit- TCU adjusted)	<4,100	Q4 (March 2024)	4,185 <b>On Track</b>	By reducing the number of patients designated ALC across the province, we will help increase inpatient care capacity, allowing for more appropriate bed usage by improving patient flow across the health care continuum. This indicator is a measure of the open ALC volume. At the end of Q4, this indicator concluded at 4,185. ALC volumes have been trending up from 2022/23 due to ongoing pressures. Ontario Health, through regional teams, continues to implement coordinated actions and initiatives to address ALC pressures. Areas of focus include ALC avoidance, limiting inappropriate designation of ALC to LTC, improving access to LTC from the community (vs. prioritizing pathway from hospital), increasing community support sector capacity and coordination, and building, maintaining, and optimizing LTC capacity.
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Area of Focus	Performance Measurement 2023/24	Target	Reporting Period	Performance Outcome	Comments
Flow and Coordination: Improve Transitions in Care	Number of ALC Open Volume waiting for placement (LTC)	Lower is better (No target)	Q4 (March 2024)	ALC - LTC = 2,204	As above.
Flow and Coordination: Improve Transitions in Care	Number of applicants waiting in the community in crisis for LTC placement	Lower is better (No target)	Q4 (March 2024)	2,659	The number of applicants waiting in the community in crisis (Priority 1A) on the LTCH waitlist reported at 2,659 in March 2024). This is a slight increase over the previous year. Activities to target and support addressing flow are in place, forecasting a decline.
Strong Ontario Health Organizational Performance	Voluntary turnover	<3%	Q4 (Jan – March 2024)	1.4% <b>On Track</b>	Voluntary turnover for Ontario Health employees was low, well within our target range for performance.
Strong Ontario Health: Organizational Performance	Variance to budget	<1%	Q4 (Jan – March 2024)	0% <b>On Track</b>	Ontario Health effectively managed its budget, with 0% variance to budget at year end (Q4).

# Risk Identification and Mitigation

In 2023/24, Ontario Health continued to advance the goals of its enterprise risk management (ERM) program by evolving a fit-for-purpose and robust ERM system to support our Board, Senior Leadership Team and team members in managing risks to our strategic priorities. Key accomplishments include:

- Advancing organizational preparedness and resiliency to significant disruptions through development of the enterprise business continuity management system framework;
- Refining key aspects of the ERM framework to ensure common language is followed when discussing, reporting and monitoring enterprise risks; and
- Supporting expanded risk capacity by leveraging existing practices and achieving greater integration between operational and enterprise risk management.

## Likelihood Legend

Assessment	Level	Description	Probability
Rare	1	Risk event is very unlikely to occur in most circumstances.	<10%
Unlikely	2	Risk event is unlikely to occur in normal circumstances.	11% to 30%
Possible	3	Risk event may occur in certain circumstances.	31% to 50%
Likely	4	Risk event is likely to occur in most circumstances.	51% to 90%
Almost Certain	5	Risk event will occur in normal circumstances.	>91%

## Impact Legend

Assessment	Level	Description
Insignificant	1	A risk event that, if it occurs, will have a little or no impact on achieving outcome objectives.
Minor	2	A risk event that, if it occurs, will have negligible/inconsequential impact on achieving desired results, to the extent that one or more stated outcome objectives will fall below goals but well above minimum acceptable levels.

Assessment	Level	Description
<b>Moderate</b>	3	A risk event that, if it occurs, will have limited impact on achieving desired results, to the extent that one or more stated outcome objectives will fall well below goals but above minimum acceptable levels.
<b>Major</b>	4	A risk event that, if it occurs, will have an extensive impact on achieving desired results, to the extent that one or more stated outcome objectives will fall below acceptable levels.
<b>Critical</b>	5	A risk event that, if it occurs, will have an excessive impact on achieving desired results, to the extent that one or more stated outcome objectives will not be achieved.

### RISK: ALIGNED ACCOUNTABILITIES

Ontario Health operates in a complex health system environment with many stakeholders involved in the delivery of care to patients across Ontario. This includes federal and municipal jurisdictional partners, health services providers, primary care, provincial ministries and other board-governed crown agencies. In partnership with the Ministry of Health, Ontario Health advanced key business transformation programs, such as the implementation of OHTs, home care modernization, advancing health equity, delivery of mental health and addictions programs, etc. Aligning on accountabilities across partners was crucial to maximize health system resources, optimize patient experience and more broadly achieve the goals of the quintuple aim.

#### Mitigation

Senior management and the Board collaborated with the Ministry of Health to establish clear governance and accountability frameworks to align with new health service delivery approaches associated with business transformation programs, such as OHTs and home care modernization. Ontario Health engaged with health system partners to align on joint goals associated with transformational programs.

#### Likelihood and Impact

Likelihood: **Possible**, given Ontario Health's ability to work with health system partners to achieve common goals.

Impact: **Major**, to ensure patient experiences are optimized and health system utilization is maximized.

### RISK: CYBER SECURITY

As Ontario Health continued to advance and rely on digital health platforms to support and enable the delivery of patient-centred care, the organization was subject to increasing cyber security threats, resulting in potential operational, financial, legal and reputational impacts and downstream effects on patient care.

## Mitigation

Ontario Health conducted regular review and validation of our privacy and security programs. A robust cyber security program was in place, incorporating people, process and technology controls to prevent, detect and respond to cyber threats.

In partnership with provincial health service delivery partners, Ontario Health developed a provincial cyber security operating model to operationalize the provincial vision for cyber security. The goal was for this model to help manage cyber risks and build more robust cyber security postures, increasing cyber security resiliency across the broader provincial health sector.

## Likelihood and Impact

Likelihood: **Likely**, given the controls and cyber security program in place but challenged by the persistent and evolving external threat landscape.

Impact: **Critical**, given the impact on various aspects of Ontario Health business and stakeholders.

## RISK: HEALTH SYSTEM CAPACITY

Ontario's health system continued to experience significant strain and capacity pressures across all sectors. Health human resources (HHR) capacity and health system access and flow challenges were noted as some of the underlying systemic issues that have contributed to capacity pressures.

## Mitigation

Ontario Health supported the Ministry of Health and Ministry of Long-Term Care in executing *Your Health: A Plan for Connected and Convenient Care*. Some highlights include:

### Pillar One: The Right Care in the Right Place

- Improving system access and flow by increasing capacity in the pediatrics, long-term care and home and community care sectors, working to define new models of care to optimize current health human resource capacity and working with local health service providers to deploy funding aimed at increasing capacity.
- Enhancing access to mental health and addictions (MHA) care with mobile MHA clinics.

### Pillar Two: Faster Access to Care

- Reducing waitlists by deploying funding to maximize surgical volumes, exploring existing community facility integration and/or partnership opportunities to augment capacity (particularly for low acuity procedures) and exploring opportunities for surgical innovation.
- Preventing ED closures by deploying capacity balancing techniques within and across hospitals and implementing locum programs to ensure clinicians are deployed, particularly in rural and northern settings; ED diversion with prevention in the community.

### Pillar Three: Hiring More Health Workers

- Increasing HHR capacity through targeted programs; work will also include supporting the Ministry of Health and Ministry of Long-Term Care's longer term HHR strategy development.

**Likelihood and Impact**

Likelihood: **Likely**, given the complexity and systemic nature of the risk.

Impact: **Critical**, given the direct impact on patients in Ontario.

# Governance

## Ontario Health Board of Directors

*The Connecting Care Act, 2019* states that the agency shall consist of not more than 15 members appointed by the Lieutenant Governor in council.

The current board as of April 1, 2024, consists of 11 members whose terms with original start and end dates are set out below. Dr. Catherine Zahn is the Chair and Elyse Allan is the Vice Chair.

Board Members	Appointment Date	Current Term Expires	Remuneration
Catherine Zahn (Chair)	March 7, 2024	March 6, 2027	\$0
Bill Hatanaka	March 7, 2019	March 6, 2024 (term ended)	\$7,175.00
Elyse Allan (Vice Chair)	March 7, 2019	March 6, 2025	\$5,250.00
Jay Aspin	March 7, 2019	March 6, 2025	\$6,593.00
Jean-Robert Bernier	April 9, 2020	April 8, 2025	\$0
Tom Flynn	November 9, 2023	November 8, 2025	\$0
Neil Fraser	January 11, 2024	January 10, 2026	\$0
Gillian Kernaghan	March 13, 2022	March 12, 2025	\$3,715.08
Cally Hunt	July 13, 2023	July 12, 2025	\$2,900.00
Lynda Hawton	November 25, 2021	November 24, 2024	\$5,198.60
Jacqueline Moss	March 7, 2019	March 6, 2025	\$4,000.00
Paul Tsaparis	March 7, 2019	March 6, 2025	\$4,300.00

Total remuneration paid to members of the Board of Directors during the 2023/24 fiscal year amounted to \$39,131.68.

# Analysis of Financial Performance

Ontario Health achieved a balanced operating position in the 2023/24 fiscal year, ensuring that expenses incurred to fulfill the agency's mandate, totaling \$40.1 billion, remained within the funding provided by the Ministry of Health and the Ministry of Long-Term Care. Ontario Health generates some revenues that are aligned to Ontario Health's mandate and as specified by the order in council dated February 26, 2020. Ontario Health continued to find efficiencies providing \$15 million of base budget back to the Ministry of Health in fiscal 2023/24 for reinvestment within the health sector.

Transfer payments to HSPs accounted for 85.6% or \$34.3 billion of the total expenditure. This is an increase of \$2.3 billion over budget. These payments primarily supported hospitals, community health service providers, as well as cancer and screening services, renal and transplant services, cancer drug reimbursements and community mental health and support services. Transfer payments to long-term care providers constituted 12.5% or \$5.0 billion of the total expenditure. This is an increase of \$0.2 billion over budget. Direct program delivery expenses were \$37 million higher than budgeted, driven by additional funding to support the implementation of the Digital First for Health strategy.

The actual funding and expenditure surpassed the budget, as Ontario Health received ministry funding letters to support various programs and initiatives within the 2023/24 fiscal year, after the approval of the budget by the Board of Directors.

Information on transfer payments by HSP sectors is provided in Note 15 of the financial statements. Schedule one of the financial statements provides funding reconciliation for the Ministries of Health and Long-Term Care. Schedule two of the financial statements provides detail for the Office of the Patient Ombudsman.

# Abbreviations

ALC – Alternative Level of Care

CAC – Clinical Assessment Centre

CSOM – Cyber Security Operating Model

ED – Emergency Department

EIDA-R – Equity, Inclusion, Diversity and Anti-Racism

FIT – Fecal Immunochemical Test

FLS – French Language Services

FNIMUI – First Nations, Inuit, Métis and Urban Indigenous

HEIA – Health Equity Impact Assessment

HHR – Health Human Resources

HSI – Health System Insights

HSP – Health Service Provider

ICCU – Indigenous Cancer Care Unit

IHEC – Indigenous Health Equity and Coordination

LTC – Long-Term Care

OATS – Organ Allocation and Transplant System

OHT – Ontario Health Team

PET – Positron Emission Tomography

PSW – Personal Support Worker

QBP – Quality-Based Procedure

QIPs – Quality Improvement Plans

SAA – Service Accountability Agreement

TGLN – Trillium Gift of Life Network

WTIS – Wait Time Information System